Universal Violence Precautions - BeSAFE

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Introduction and Objectives

In 2022, the emergency department (ED) service line was experiencing high volumes of workplace violence (WPV). The events for 2022 in the MSW ED reached 94 documented events. We partnered with behavioral health to provide all ED staff with personal physical safety precautions to help protect themselves from patient-to-staff violence during any patient encounter. We needed to provide staff with personal physical safety precautions to help protect themselves from patient-to-staff violence during any patient encounter.

It was established to have universal violence precautions similar to behavioral health, incorporating the basics with the stages of anger and aggression. This was akin to the emergency medicine team correlating universal hand hygiene precautions; this is done with every patient. This would be a part of the education tool kit as standard work on how to approach and care for medicine patients.

Design Setting

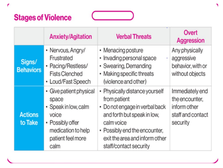
The BeSAFE (Back to the Exit, Scene Safety, Ask, Feet First, Egress) Universal Violence Precautions intervention was conducted at an urban, academic hospital in the Northeast United States. MSW ED receives over 65,000 patients per year. The ED is a high-stress, high-risk environment where staff face frequent patient interactions, some of which involve potentially violent or aggressive behavior. Based on feedback from staff safety culture surveys and patient safety events, our ED leadership team identified the need to provide education on personal physical safety precautions as a critical priority for our department.

The BeSAFE intervention was implemented without a random assignment to treatment or control groups, but pre-and post-intervention data were collected to assess the effect of the program. Participants included ED staff, including nurses, physicians, support staff, and other direct care providers. A post implementation survey was provided to the nursing staff of effectiveness of the training.

Materials & Methods

The focus was on preventing workplace violence events after identifying this as a problem in the MSW ED in the fall of 2022. We began brainstorming with the interdisciplinary team on how we can prevent a violent event. Developing a plan that became standard protocol related to universal violence precautions including the ease of understanding and knowing was integral (Al-Qadi, 2021). The first thing identified was having a way out, back to the exit. The next was making sure the area was a safe environment, and scene safety. Asking the patient's permission is the standard practice to treat and interview all patients. Approaching a patient was discussed especially if they were speaking. We had incidents when staff woke patients up they would be hit. We utilized standard practice in behavioral health to approach the feet first. Tap the patient's feet first it is the least risk of being hit by a patient. Finally, we decided on egress, to know all the ways to exit if needed .

After reviewing these steps for safety, we created the acronym BeSAFE. We identified the progression of a patient with emotions and events that lead to violence. Our behavioral health partners identified the evidence-based tool of Stages of Violence to assist in awareness and education. We developed badge buddies (below) as reminders for BeSAFE and identification of the stages of violence (Anwer et al., 2024). Education began at nursing huddles and information was displayed on the daily management board for all staff. This project and education were brought to all emergency departments in the service line by the ED Nursing and Medical Directors and the Vice President for Behavioral Health for MSHS. All sites adopted the BeSAFE education and badge buddies. The next step was the creation of a review video, a short and long version, placed into the electron learning platform, PEAK. This was utilized for new ED team members and refreshers. Inpatient teams desired this education and the developers brought the education to meetings for different disciplines at all sites. After this became a system-wide practice and education, it was added to the MSHS hospital orientation for all new staff to receive this as a tool for workplace safety.



Results

One of the highest risk work safety issues is workplace violence, specifically patients hitting staff while they are performing their regular work duties. The highest incidents in 2022 occurred in MSW ED. The main reason for the decrease in MSW incidents was due to a decrease in the number of incidents reported to workman's compensation in the emergency department. The number of incidents reported in the MSW Emergency Department reduced from 94 in 2022, 65 in 2023, and increased to 104 in 2024. This reduction could be attributed to the BeSAFE education and intervention implementation. Since the implementation of BeSAFE, the Emergency Department has noticed a decrease in overall escalation of issues; nonetheless, workplace violence continues to occur, but on a more impulse basis. The incidents increased in 2024 during Q2 and Q3 significantly, after further drill down this is when the system changed the event reporting system and compilations of events were compiled into that quarters during the transition. (Figure 1).. As BeSAFE training increased the corporal and non-corporal events scores decreased (Figure 2.) There was a survey sent out to staff based on the BeSAFE education and staff experiences and thoughts on the benefits of the BeSAFE education (Figure 3.) The survey had 23 participants, approximately one-third of staff, and revealed the education was satisfactory and contributed to WPV event reduction in the MSW ED.

Figure 1. Quarterly # of Reported ED Incidents by Type of Harm at MSW

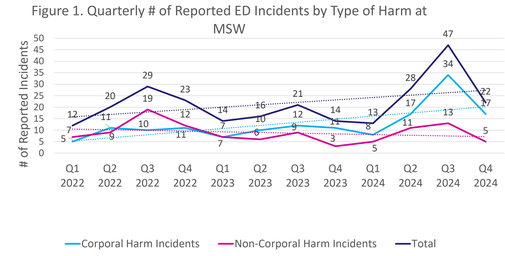
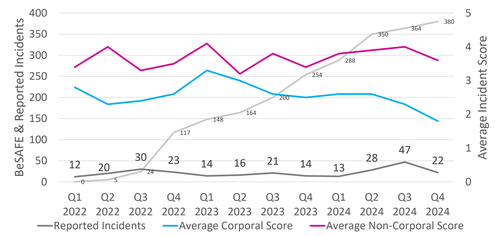
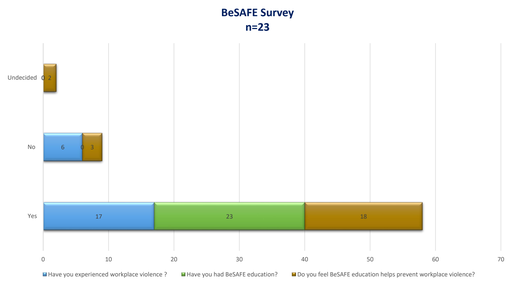


Figure 2. WPV Incident Score v. BeSAFE Training in MSW ED





Implications/ Conclusions

The BeSAFE Universal Violence Precautions intervention, which focuses on personal physical safety, was linked to reduction in WPV events and injuries over three years in an urban, tertiary care hospital ED. The implications of this finding are significant for both staff safety and patient care in emergency department (ED) settings. The BeSAFE intervention's success in reducing (WPV) events and injuries suggests that targeted safety protocols can create a safer work environment for ED staff. This can lead to reduced physical and emotional harm, lower burnout rates, and improved job satisfaction among healthcare workers. By reducing incidents of violence, staff can focus more effectively on patient care, leading to better patient outcomes. A safer environment also contributes to a more positive atmosphere for patients, as staff are less distracted or stressed by safety concerns. Reduced workplace violence may lower healthcare costs associated with worker compensation claims, employee absenteeism, and turnover. A decrease in injuries and related incidents can result in significant savings for the hospital. A safer workplace can contribute to higher staff retention, as employees are more likely to stay in environments where they feel protected. This can help hospitals reduce recruitment and training costs and maintain a skilled workforce. Overall, the success of the BeSAFE intervention reinforces the importance of comprehensive safety training and its potential to significantly improve staff well-being, operational efficiency, and patient care.

There were some limitations to this study. The study was conducted in a single urban, tertiary care hospital ED, which may limit the ability to generalize the findings to other hospitals or healthcare settings, particularly those in rural areas, smaller hospitals, or with different patient demographics and staffing levels. The data on WPV events and injuries could be influenced by self-reporting bias, where staff may underreport incidents due to fear of repercussions, lack of awareness, or a desire to present the hospital in a more positive light. This may lead to inaccurate reporting of the actual frequency of incidents. Other factors, such as changes in staffing levels, patient volume, or hospital policy during the three years, could have contributed to the reduction in WPV events and injuries, making it difficult to isolate the effect of the BeSAFE intervention. The success of the intervention is heavily dependent on staff engagement and adherence to the BeSAFE protocol. If not all staff members fully participated or implemented the safety measures consistently, the intervention's effectiveness could have been compromised, and the results might not reflect a true impact on the entire ED workforce. Despite these limitations, the study provides valuable insights into the effectiveness of safety interventions in reducing workplace violence and can serve as a model for further research and intervention development.

References

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Acknowledgements

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