

Violent Crimes in the Hospital Setting: Situational Awareness and Nursing Empowerment Result in Safety

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Violent Crimes in the Hospital Setting: Situational Awareness and Nursing Empowerment Result in Safety

Lehigh Valley Health Network, Allentown, PA

“Do Not Announce-Violent Crime” (DNA-VC) Project:

A successful initiative utilizing evidence-based strategies to enhance situational awareness and ensure a safer hospital environment

Background

An increase in threats and violent acts by patients and visitors prompted staff from a 30-bed medical-surgical transitional trauma unit (TTU) to evaluate current practices.

Current State

- **Pre-Implementation Staff Survey**
June 2013 (n=26): Over 74% of staff thought the process to identify a DNA-VC patient admitted to the unit was “unclear” or “very unclear.”
- **CY2012 and 2013:** Increasing number of employee injuries as a result of intentional patient assaults

Interprofessional Team

- Unit-based Nurse Leaders
- Clinical Nurses
- Attending physicians and extenders
- Case Manager
- Geriatrician
- Physical & Occupational Therapist
- Nutritionist
- Security Team

Goal: Determine how patients associated with violence are identified; managed from admission through discharge; and how safety is maintained at the bedside

Implementation Plan

1. Identification of Violent Crime Patients

Categories:

- Cases of penetrating trauma
- Physical or sexual assault
- Child abuse
- Recipients of a threat
- Those in witness protection

2. Interventions

- Environmental safety enhancements
 - Emergency pull switches
 - Directional door locks
 - Signage
- Badge system for non-employees on high risk units
- Replacement of receptionists with security officers in high risk waiting rooms
- Patients flagged in electronic health record (EHR) as DNA-VC

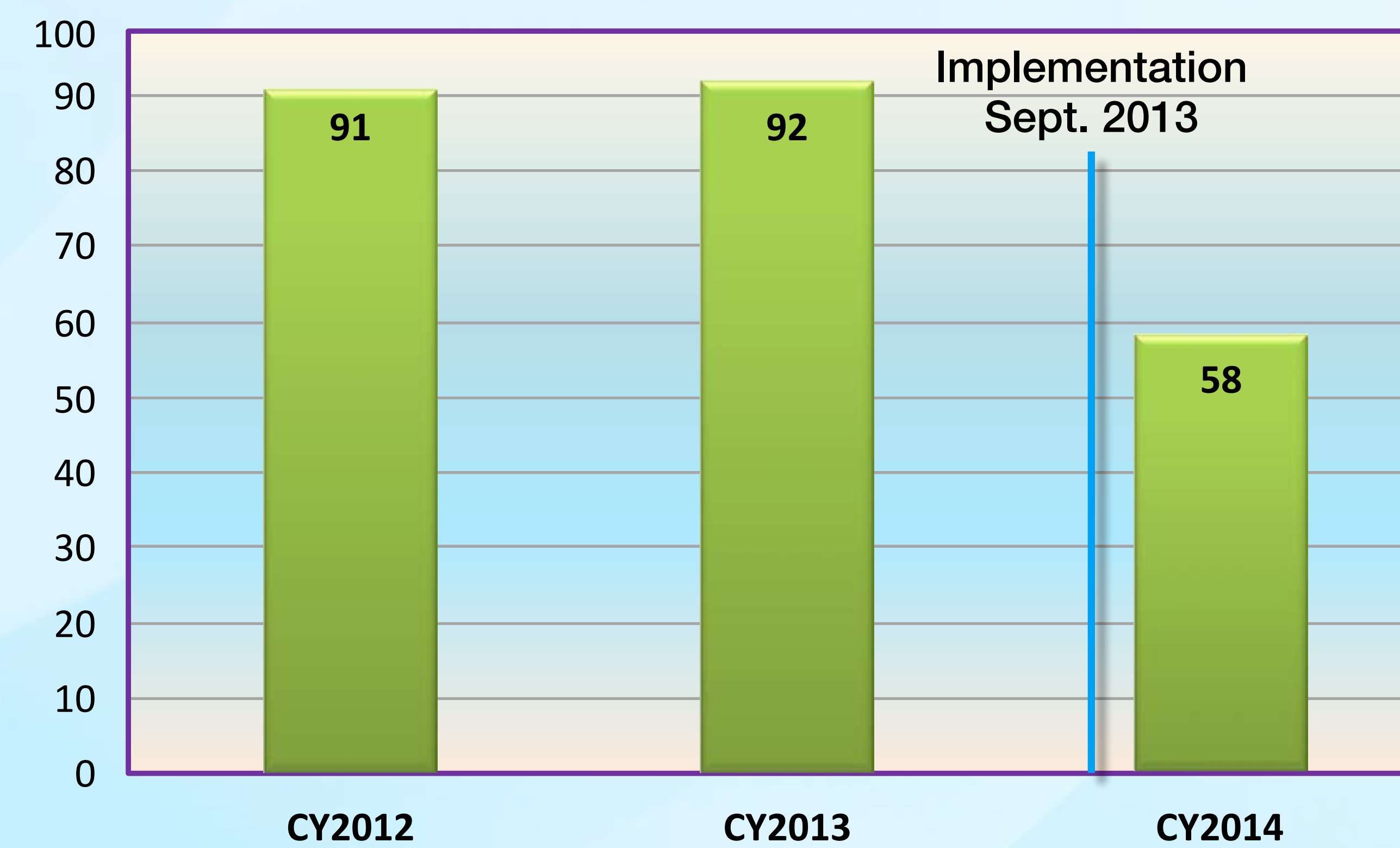
3. Standard Work

- Environmental safety assessments
- Enhanced communication
- Education processes

Outcomes

- **Post-Implementation Staff Survey**
July 2014 (n=25): 68% of staff thought the process to identify a DNA-VC patient admitted to the unit was “clear” or “very clear.”
- **CY2014:**

Decreased Total Employee Injuries
(caused by intentional assault by patient)



Lessons Learned

- A heightened sense of situational awareness prompts nurses to recognize elements possessing the potential for violence.
- Knowledge empowers nurses to initiate appropriate actions to maintain a safe environment for themselves, their patients and visitors.

REFERENCES:

1. Danesh, V.C., Malvey, D., Fottler, M.D. (2008). Hidden workplace violence, what nurses may not be telling you. *The Health Care Manager*. 27(4), 357-363.
2. Gates, D., Gillespie, G., Smith, C., Rode, J., Kowalenko, T., Smith, B. (2011). Using action research to plan a violence prevention program for emergency departments. *Journal of Emergency Nursing*. 37(1), 32-39.
3. Papa, A., Venella, J. (2014). Workplace violence in healthcare: Strategies for advocacy. *The Online Journal of Issues in Nursing*. 18(1), Manuscript 5.

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