

# Reducing Patient to Staff Assaults on Medical Surgical Wards

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## Background

- Workplace violence (WPV) is a serious and growing problem.
- A study in 2000 showed that 82% of nurses in the U.S. reported having been assaulted at least once in their career (Watson et al., 2020).
- Nurse and nursing attendants have the highest risk of being assaulted than any other healthcare personnel (Ferri et al., 2016).
- Medical-Surgical (MS) ward nurses experience more post traumatic stress after a WPV than psychiatric or emergency room nurse (Pekurinen et al., 2017).
- The US Senate approved a bill in 2020 which requires employers to develop and implement a detailed WPV prevention plan.

## Problem Statement

- There were 14 assaults reported on two MS wards (56 beds) versus 4 reported in the psychiatric wards (6 units/60 beds) from Oct-Dec 2019.
- Injuries and PTSD result in lost of wages, burnout, and decrease job productivity (Phillips, 2016).

## Purpose Statement

The purpose of this project was to implement a WPV prevention program called the Golden Hand Tool Kit to reduce the number of MS patient assaults on nursing staff.

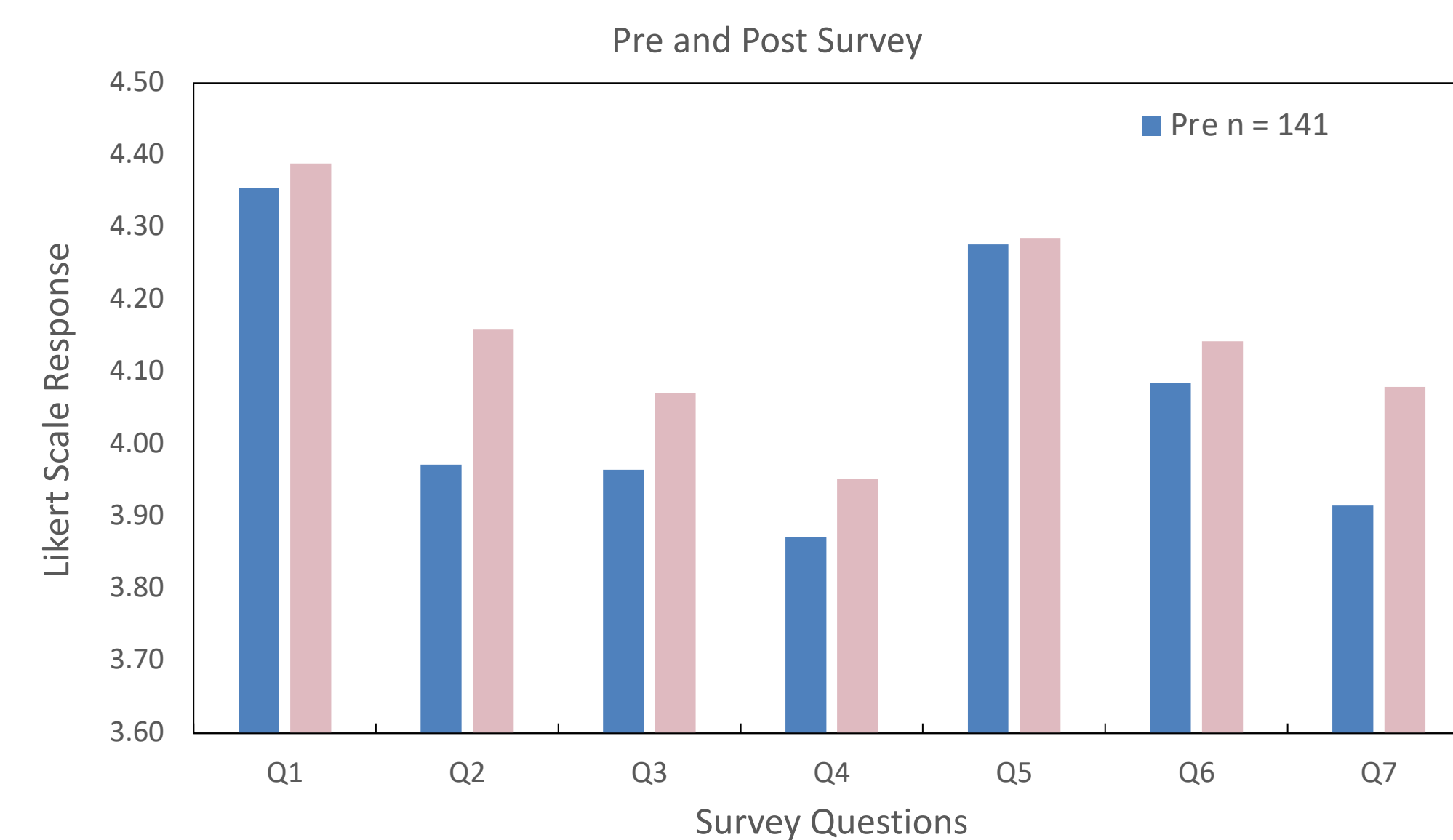


## Methods

- Conduct a project using the Institute for Healthcare Improvement framework
- Form an interdisciplinary team comprised of frontline staff, security officers, nurse managers, quality improvement nurses, nursing educators, and nursing administrators
- Develop and administer a pre and post staff survey
- Develop and implement the Golden Hand Tool Kit (BVC, Signage, BRT, and Huddles)
- Measure the outcomes
- Evaluate the results

## Results

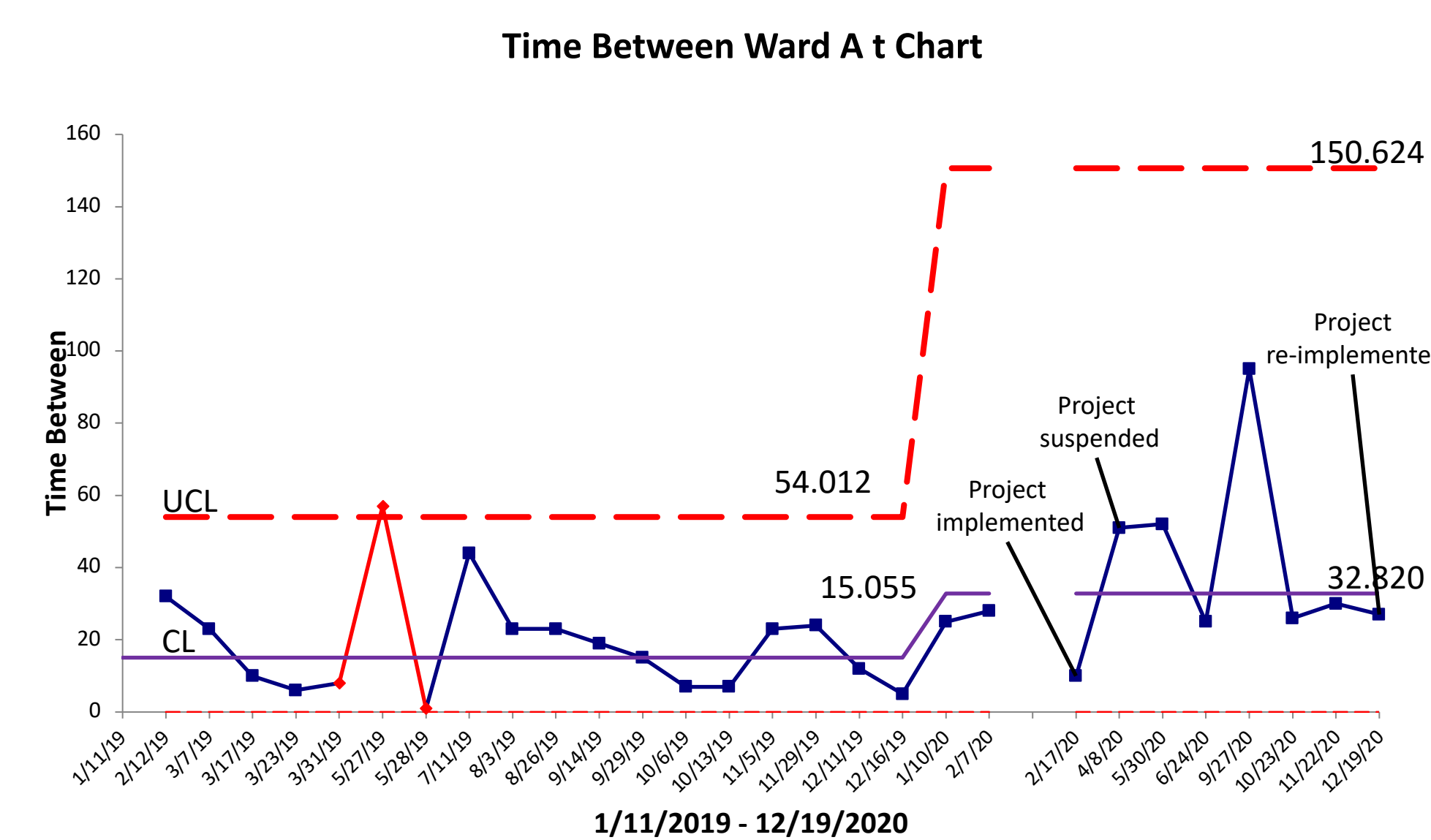
**Figure 1.**  
Pre and Post Survey



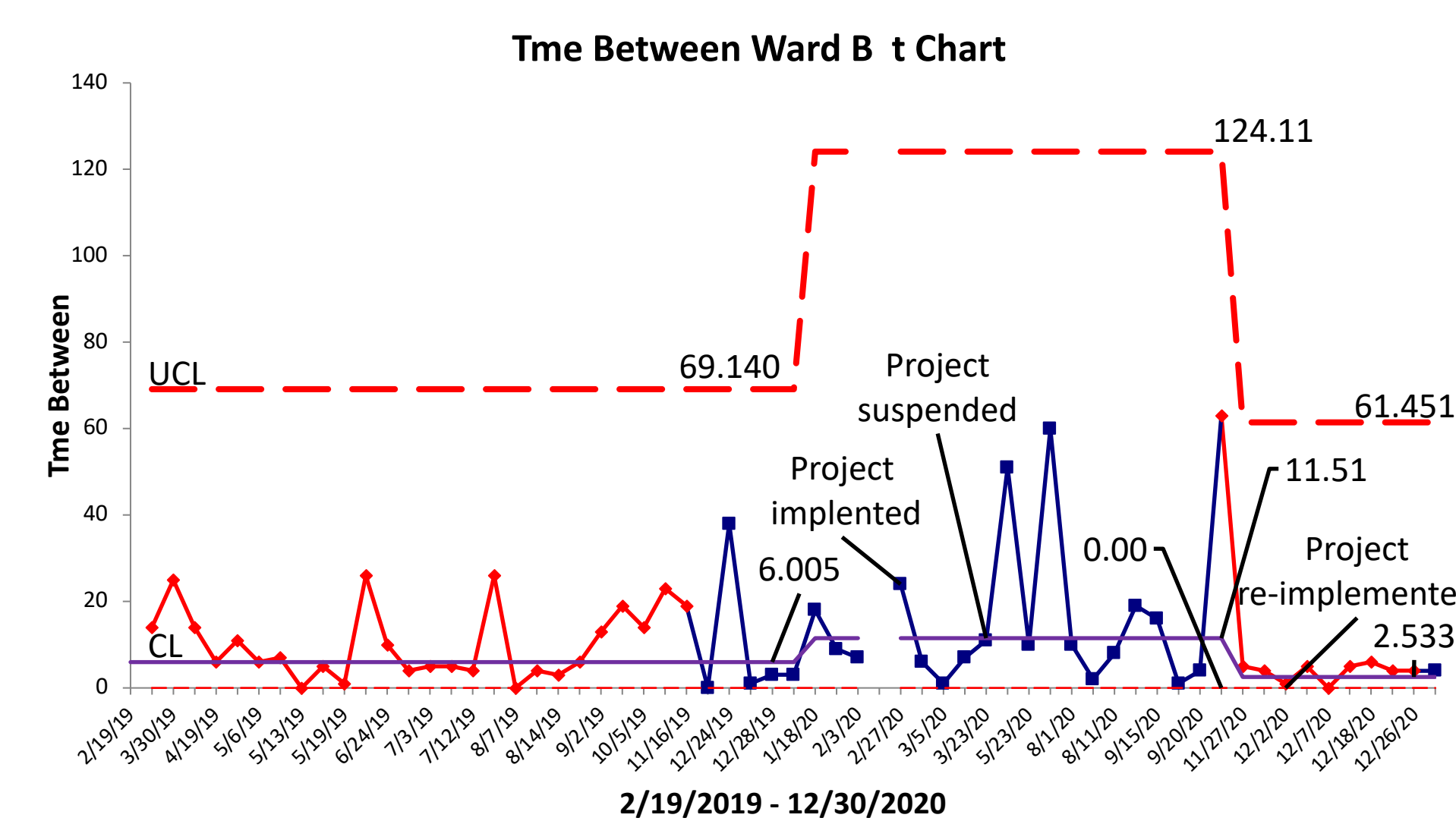
### Survey Questions

1. I am able to identify potentially assaultive/violent patients to help prevent staff assaults in my work area.
2. The current methods, policies, and procedures we have in place help prevent staff assaults in my work area.
3. I depend on the patients' current behaviors to determine whether a patient has a potential for violence.
4. I depend on the patients' social and medical history to determine whether a patient has a potential for violence.
5. The Golden Hand implementation has made me more aware of the potentially assaultive patients on my unit.
6. The Golden Hand documentation is easy to complete.
7. I feel safer with the Golden Hand implementation.

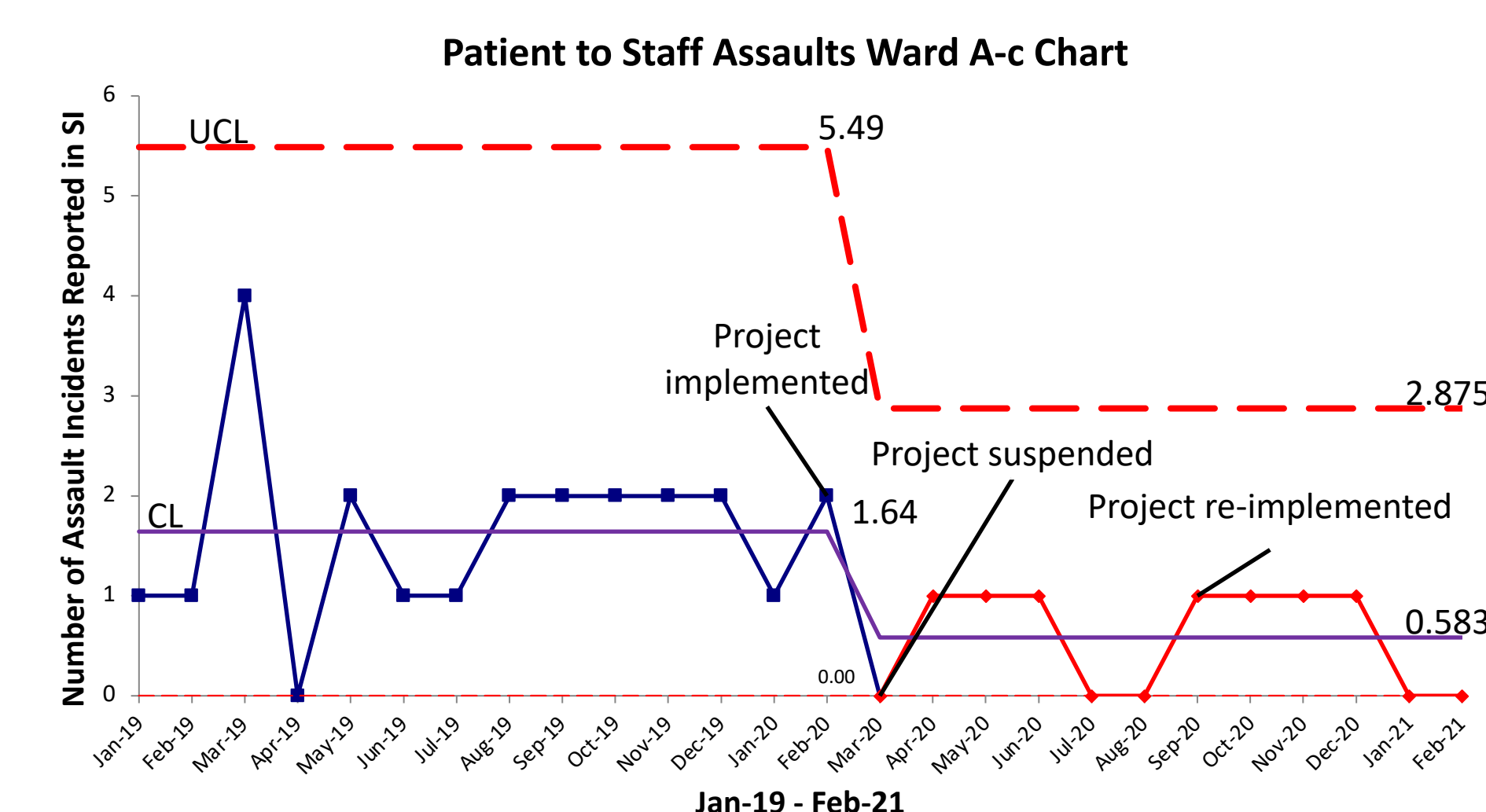
**Figure 2.**  
Time Between Study Ward A



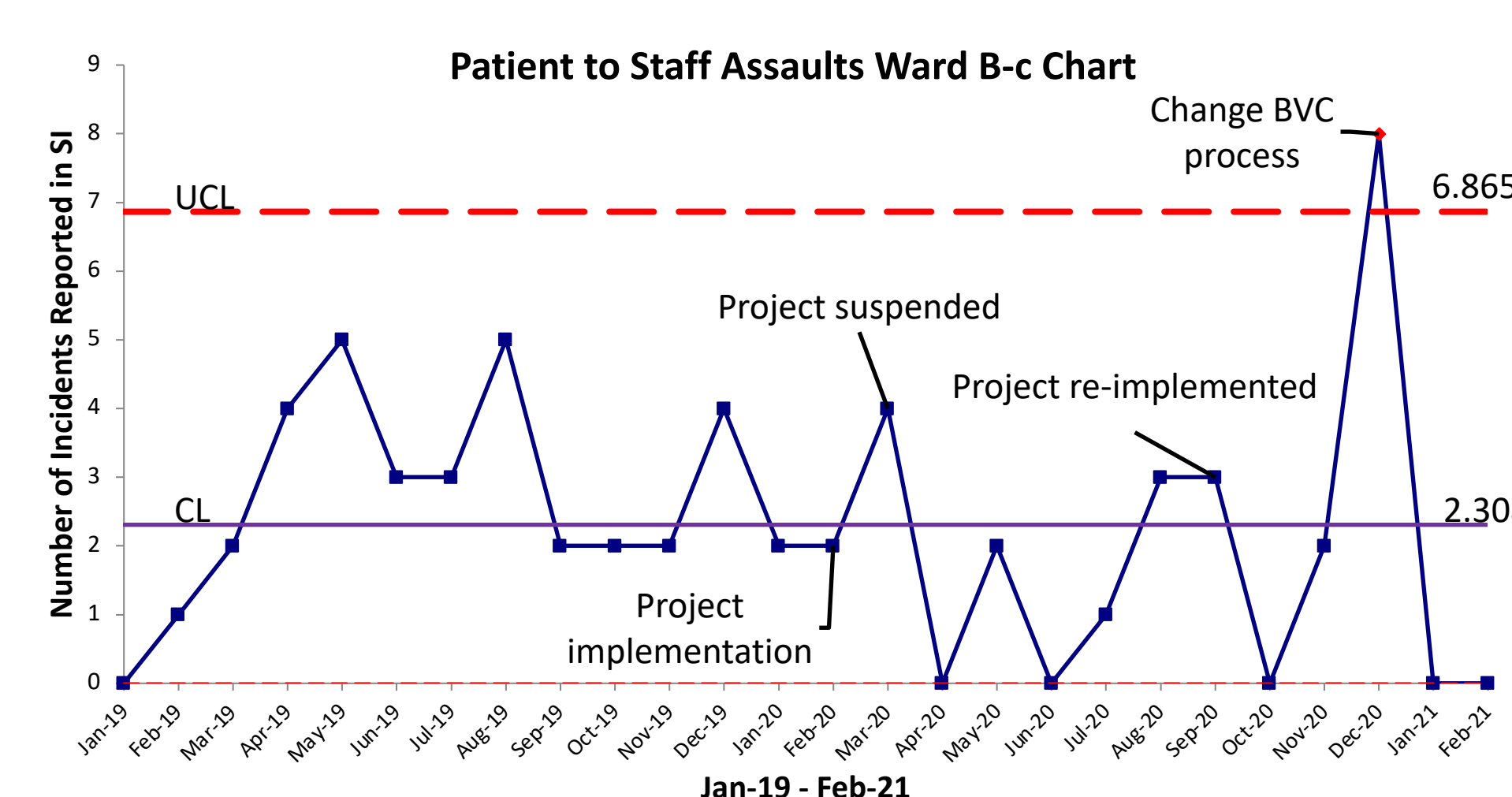
**Figure 3.**  
Time Between Study Ward B



**Figure 4.**  
Assault Incidents Ward A



**Figure 5.**  
Assault Incidents Ward B



## Setting

- The quality improvement project took place in a 600-bed acute care hospital on two MS wards
- Ward A was a 32-bed MS ward whose patient population includes multi-system acute and chronic medical and surgical patients
  - Ward B was a 24-bed MS ward for patients with MS diagnosis and have mental health comorbidities

## Limitations

- Project was started in February 2020 but was suspended due to COVID-19 and restarted in December 2020.
- Shift in the hospital's focus and time constraints due to pandemic crisis limited study.
- Accuracy of the use of violence predictor tool could not be determined from this project.

## Discussion

- Pre and post surveys suggest the staff supported the Golden Hand project and believed that project had improved their safety.
- Data from the Time Between graph showed Ward A had a had a significant increase in period between one assault incident to the next.
- Ward B also showed a significant improvement in the Time Between Study; however, they had 8 assaults in December which could be attributed to increase in the patients' anxiety due to COVID restrictions.
- Since the re-implementation of the project there has been zero assaults.

## More Information

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References available upon request