

Human resources : Harm to Staff
Proactive Release : 18 April 2019



29 March 2019

[REDACTED]
[REDACTED]
[REDACTED]

E-mail: [REDACTED]

Dear [REDACTED]

I write in response to your Official Information Act request, dated 01 March 2019. You requested the following information:

- **Any figures you have got about the amount of violence in the hospital emergency department, including trends.**
- **What does the DHB believe is the reason for the violence, and what are the results: injury to hospital staff and other patients, including figures please?**
- **What is being done – there is a suggestion in the latest DHB minutes of better cameras.**
- **Has a regional working group been established on this topic, and what is it doing about it?**

We believe the following may provide you with useful context.

CM Health services provide health services to in excess of 569,400 people residing in South Auckland, both in hospital and community settings, including over 118,000 presentations in the Emergency Department. Obviously, many of these people are acutely unwell and/or in distress when they require care and this can result in inappropriate behaviours exhibited, which our staff members need to manage and respond to.

We employ over 7,000 staff across our services, and are constantly working to create a safe work environment. We are clear that it is unacceptable for any of our staff to experience violence and verbal abuse towards them in their workplaces in our services. We provide staff with opportunities for training to learn risk assessment, de-escalation and effective communication techniques that aim to reduce the number of incidents, and the adverse impacts that can result. If appropriate, we support individuals who need to work with Police, as they pursue investigations.

The DHB uses an incident reporting system, to enable staff to immediately report all events of concerns (including staff and patient safety). These incident reports are automatically sent to service managers for investigation and follow-up.

We have derived some of the information provided for you from our Staff Incident Reporting System (RiskPro). However, there are limitations in the ability to extract concise details for the incident reporting. We note that the system is intended to enable multiple staff to report individually on the

same incident, with each being counted as a unique file, and that we use coding themes to guide the allocation of incidents. While there are 'nominated' codes for types of incidents reported, these may not always be consistently interpreted by everyone. In addition, there will be a range in the severity of incidents within the same code group. We note that this incident report system information should be interpreted with caution. Given the differences in reporting systems, and in the DHB sizes and services, comparisons between DHBs can also be misleading.

Further, in preparing this response we note that this data uses reported incidents, but we accept that this will not be the totality of the cases where staff members deal with aggression or verbal abuse. Different services will have different numbers of incidents, different resources available and a range of clinical skill levels to deal with these types of situations, which can affect reporting.

In the period from January 2017-May 2018, in the Emergency Department, there were 18 incidents reported in the Incident System of a physical assault, and 20 other related incidents (verbal abuse/unintentional hitting/ scratching etc.) also reported.

The data highlighted concerns that these numbers do not adequately reflect the anecdotal reports and surveys of the Emergency Department staff of these type of experiences in their workplace, and that other issues leading to escalation in the emergency context were not being captured (such as aggressive/ manipulative or intoxicated behaviours as a precursor).

From June 2018, the Middlemore Hospital Emergency Department started using a service-specific reporting system ("Code Orange Call") to enable rapid logging of all incidents requiring a code orange response (including security) by Emergency Department staff. This enables easy, streamlined reporting for staff, and creates better statistics to be analysed for the Emergency Department services, where there is a higher level of concern about staff safety.

Rather than relying on anecdotal reports, this system is now providing a more accurate basis on which remedial action can be taken. The scope of this type of reporting is wider than the classifications used in the incident system, to identify contributing factors and triggers etc. The system does not specifically capture any injuries occurring to staff or other patients in the Emergency Department.

Situations that may require a Code Orange Call

- Intimidating or manipulative behaviour from patient, whaanau or visitors
- Aggressive/ intoxicated or suicidal patient or visitor
- Event or behaviour in which staff feel uncomfortable or compromised
- Unwelcome visitors
- Patients, whaanau or visitors refusing to be sensitive to, or respect the rights of others to privacy, extremely stressed patient, whanau or visitors

For the seven months since the introduction of the system (to mid-February 2019), there have been 224 Code Orange call forms completed. At this stage, it is still too early to provide trends and themes; however, we note that most of the Code Orange calls relate to unprovoked verbally abusive behaviours by patients or family members towards Emergency Department staff and Security, and that these most often occur in the Waiting room/ Triage area. This behaviour is unacceptable in a health care environment, and the culture this creates has a significant effect on our staff member's ability to do their work.

We acknowledge that internationally, reporting of increasing reports of aggression is being noted and could reflect the impact of growing patient numbers, longer waiting times causing frustration and more people with complex health, challenging behaviours, mental illness and alcohol/ drug harm issues.

Code Orange Reported

	Adult Assessment	Adult Short Stay	Kidz First	Medical Assessment	Monitored/Resus	Surgical Assessment	unknown	Waiting Room/Triage	Grand Total
2018									
Jun	1	2		1	6				10
Jul	2	1		1	1		7	9	21
Aug	1			1			3		5
Sep	9	4	1	4	5		9	12	44
Oct	2	6	2	4	5	1	15	15	50
Nov	5	4	3	8	2			24	46
Dec	4			5	2			9	20
2019									
Jan	5	2	5	7	3	2		3	27
Feb								1	1
Grand Total	29	19	11	31	24	3	34	73	224

Current DHB practice is that there is always a Security staff member based in Emergency Department -24/7, and this helps with quick security responses to incidents in and around Emergency Department. Security staff members also complete regular patrols through the Emergency Department, throughout all shifts. The Emergency Department have two levels of response, being Code Orange = de-escalation and a 777 call = escalated. Frequently, Security is called away to major incidents in other parts of the hospital campus, which require all security guards to respond. They will remain in radio-telephone contact with the hospital telephone exchange, should any critical incidents need a response.

As you are aware, information on the Reported Incidents, Code Orange implementation and other changes to our systems along with staff survey findings were presented to the CMDHB Board meeting in June and September 2018, and are incorporated into the regular Health and Safety Reports to each Board meeting.

Since July 2018, Middlemore Emergency Department has put in place a range of frontline tools to help staff manage aggression. These include revised Guidelines for managing aggression and behaviourally disturbed patients, having Mental Health staff based in the Emergency Department, additional de-escalation training for staff, and we have issued personal safety alarms to nurses. We

are continuously monitoring our staffing requirements to provide support to staff, including the presence of senior clinical staff to respond to evolving incidents.

We have also trialled the 'Emergency Q' App, <https://appadvice.com/app/emergency-q/1122976816>, which is intended to give patients better information on wait times, and provide them with options on where to best access timely healthcare, with the intention this may reduce frustration expressed about delays at the Emergency Department for less urgent needs.

We have been consulting with the NZ Police regarding two matters, being

1. Patients brought in to Emergency Department under Section 109 of the Mental Health Act for assessment; the expectation is that Police will stay in the department until the patient has been medically assessed.
2. Managing processes for patients brought in to Emergency Department by NZ Police, who have a (identified) potential for violence. There are instances where NZ Police frontline priorities mean that our DHB security staff members are asked to assist with the care of these patients, and we have a joint working group with NZ Police to address issues as they arise. This work is ongoing.

In December 2018, CM Health partnered with NZ Police, St John New Zealand, and Fire & Emergency New Zealand to develop a social media video and messaging that encourages people to treat first responders, (including DHB Emergency Department staff), with respect. Entitled "*Please Don't*", this message was posted over the Christmas holiday period, and will be used on-going over long weekends and holidays <https://vimeo.com/307137943>

This is area of significant ongoing work for CM Health and all DHBs nationally. Our current focus is on work to develop robust proposals that effectively support staff and identification of additional resourcing. We are happy to discuss this further with you, once you have reviewed the information provided.

I trust this information satisfactorily answers your query. If you are not satisfied with this response you are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act.

Please note that this response or an edited version of this may be published on the Counties Manukau DHB website.

Yours sincerely,



Fepulea'i Margie Apa
Chief Executive