



QUESTIONS TAKEN ON NOTICE, 14 NOVEMBER 2016, – DR RODERICK BISHOP, NSW FELLOW, AUSTRALASIAN COLLEGE FOR EMERGENCY MEDICINE

Question:

Ms Jenny Leong: I have one last question and that is just that you referred to other contributing factors to the idea of a high-stress environment, especially around EDs, especially around crowding and waiting times. You also referred to the loss of respect that we are seeing, and which I agree is a very disturbing trend, around healthcare professionals in those circumstances. Could you mention or refer to studies or reports that talk about that? It is a useful thing for the Committee to be able to refer to. You mentioned in passing that there are specific studies that have looked into the contributing factors around waiting times.

Dr Bishop: There is some work around waiting times. Respect is a much more difficult thing to research. I could not be sure that there is a specific research around that. I think in the College's submission there is some reference to waiting times, but I would have to check that. If it is not referenced in there, I can probably get you some data.

Ms Jenny Leong: That would be appreciated, thank you.

Answer:

I have attached some additional publications that detail some of the epidemiology and causes of violence towards emergency department staff in response to the question by Ms Jenny Leong.

ADDITIONAL QUESTIONS – AUSTRALASIAN COLLEGE FOR EMERGENCY MEDICINE

Security

1. The submission recommends that the public should be educated about the impacts and risks of violence in emergency departments against emergency workers. (p6)
 - Do you have specific recommendations about how this could be achieved?
 - You note that strategic emergency department design could assist in communicating the expected behavioural standards to patients and their family members. Could you give some details?

Answer: I do not have any specific recommendations in regards public education. It is not my field of expertise.

I am not quite sure what is being asked in regards emergency department design and communicating expected behavioural standards. I believe there are architectural techniques in the way various spaces are designed that reduce anxiety and aggression, but again, I am not an expert.

The other design issue that I raised was to ensure that new departments are designed to be able to accommodate acutely behaviourally disturbed patients in a suitable environment, separated from the other patients.

Under-reporting

2. The submission highlights that ED staff do not report violence through the formal reporting systems because the forms are complex and staff lack the time to complete them. It further notes that staff also become desensitised because violence is normalised in ED settings and thus don't report it (p11).
 - What do you suggest should be done to raise reporting levels?

Answer: As noted, under-reporting of violence is a world-wide problem. There are many potential solutions including streamlining the reporting process with better reporting programs and reducing the detail required to initiate a report.

Providing feedback on the outcome of each report would give staff an added incentive to report and reporting the data each month to raise awareness and identify areas for improvement. There could also be active measures put in place, mostly by way of audit, such as requiring a brief list of any events at the end of a shift either by each individual or by the team leaders, capturing data from security call outs or duress alarm use, reviewing

restraint registers to identify cases where violent behaviour necessitated the use restraint or actively interviewing staff on a regular basis to identify episodes.

Having said that, there is little point improving reporting or capturing data unless there are active strategies to improve the situation. Ongoing data collection for data collection sake is a waste of time. This is probably one reason why there is under-reporting; the staff know how prevalent abusive and violent behaviour is. Continuing to document its frequency has no benefit to them unless there are active measures in place to reduce it.