

Navigating Abuse & Harassment – Insights from the ED

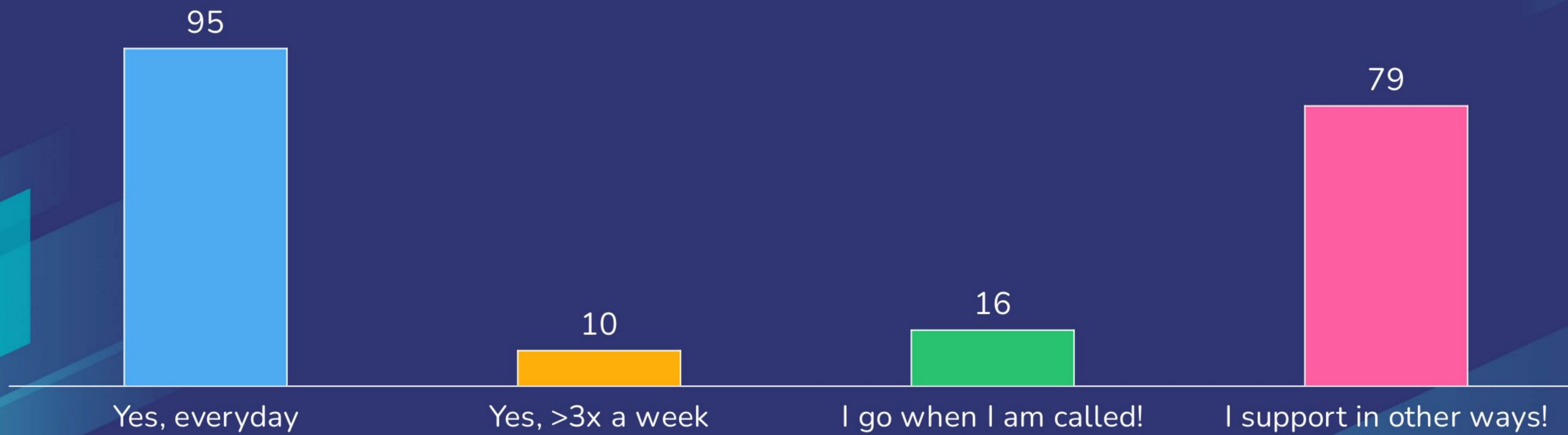
Singapore Healthcare Management Conference 2024

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Do you work on the frontline?





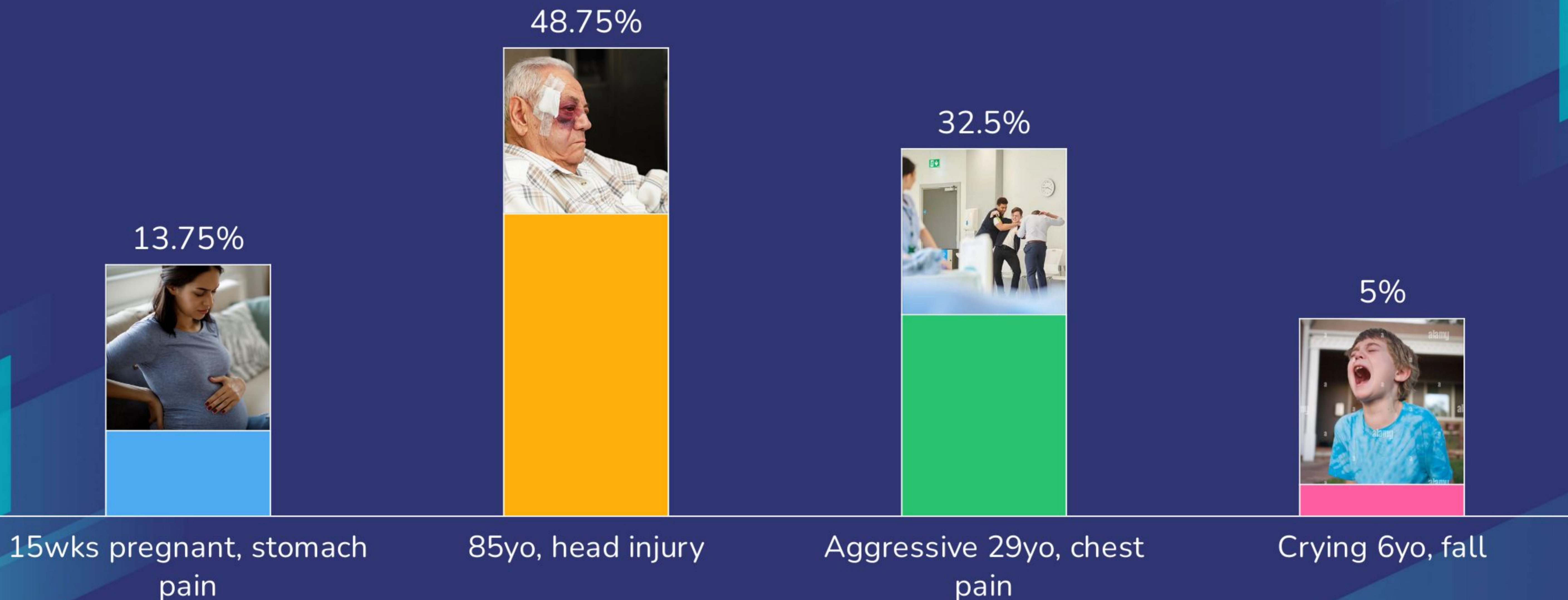
Priority will be given to patients requiring
immediate life-saving intervention.



Welcome to your shift...

- Consult full, standing space only
- Trolleys in corridor
- Resus has called all available manpower to help
- Alarms ringing, patient bells calling
- Registration has a queue (they're still coming!)
- 3 ambulances are waiting...

Who would you attend to first?



Unique to the ED

- Sick patients, worried families
- Elderly patients with dementia
- Patients with psychiatric disorders
- Alcohol & Drug Intoxication
- “Residual” violence from the community
- Inherent stressful environment
- Overcrowding + long waiting hrs

Nearly 7 in 10 emergency physicians say emergency department violence is increasing.

8 in 10

About 80 percent say violence in the emergency department harmed patient care.



Of those, more than half say patients have been physically harmed.

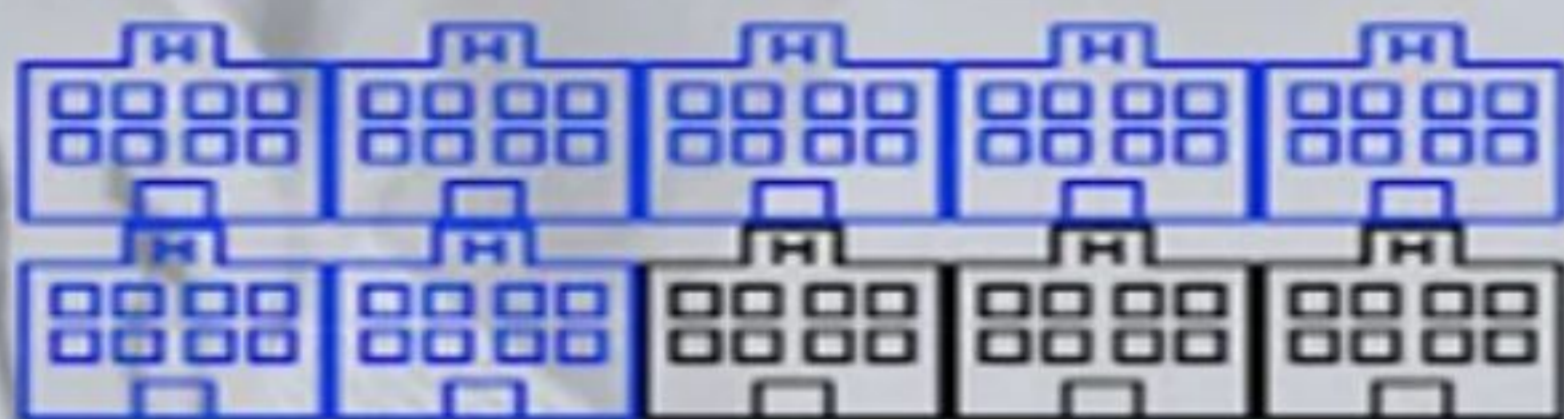
Nearly 1/2 of emergency physicians have been physically assaulted at work.



More than 6 in 10 of those assaulted say it's been in the past year.

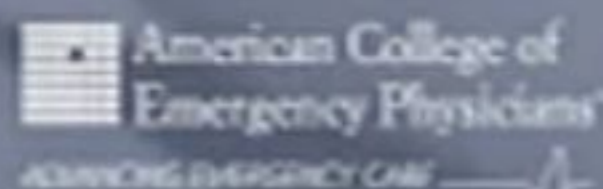


Nearly 7 in 10 say their hospital reported the incident, yet only 3% pressed charges.



Nearly 1/2 say hospitals can do more by adding security, cameras, metal detectors and increasing visitor screening, especially in the emergency department.

This survey was conducted online between Aug. 21 and Aug 27, 2018 with 3,539 emergency physicians.



newsroom.acep.org
www.EmergencyCareForYou.org
@EmergencyDocs

Exposure to crises and resiliency of health care workers in Singapore

A. O. M. Chan¹, Y. H. Chan² and J. P. C. Kee¹

Table 1. Mental health training, work-related crises and personal crises items by job category

	Admin, n (%)	Allied, Health n (%)	Doctor, n (%)	Nurse, n (%)	Totals, n (%)
Number of respondents in staff group	103 (100)	93 (100)	36 (100)	253 (100)	496 (100)
Mental health training	4 (4)	20 (21)	22 (61)	125 (49)	171 (34)
Work-related crisis					
Sudden/unexpected death of patient	7 (7)	25 (27)	24 (67)	133 (52)	189 (38)
Sudden/unexpected death of colleague	5 (5)	6 (6)	8 (22)	36 (14)	55 (11)
Aggressive/violent patient and/or relatives	42 (41)	53 (56)	34 (94)	221 (87)	350 (71)
Work-related injuries or illness that was of grave concern to you	18 (17)	10 (11)	12 (33)	50 (20)	90 (18)
Medico-legal investigation	2 (2)	3 (3)	6 (17)	28 (11)	39 (8)

Loading...

Considerations

What is "right"?

- Ethical Dilemmas
- Equity of Care
- Patient Dignity
- Self-Preservation

Impact

- Breakdown of Therapeutic Alliance
- Cognitive Load
- Downstream Effects on Resources
- Staff Morale
- Incident Reporting & Re-traumatization

What do we do?

- ED Action Plan - Code Grey
- Incident Reporting and Tracking
- Awareness - Multimodal, staff & patient
 - Boundary setting & standing firm
- Debriefs + Check-ins
- Self-care
- Role-modelling
- Establishing and Maintaining a Safe-environment

Navigating Abuse & Harassment

Bottomline: We have a responsibility to every patient, but also to ourselves

- Emotional & Cognitive Load
- Staff & Patient Education
- Boundary Setting
- Leadership & Teamwork