



**Singapore Healthcare
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**Changi
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SingHealth

**Chang Sook Mei (Ms), CGH
Mary Yap Mei Lin (Ms), CGH
Lim Ee Guan (Mr), CGH**

Protection for Staff from Physical or Verbal Abuse

AIM

This project is to ensure a consistent response across departments in CGH to protect staff if there is physical or verbal abuse. To achieve this, the project team designed, developed and promulgated two integrated workflows through sustained department briefings, training workshops and staff orientation briefings. The team also reinforced the message in signs displayed at public areas.

INTRODUCTION

In 2014, the Protection from Harassment Act (POHA 2014) was enacted in Singapore. Section 6 of this new law extends protection to those in public service from harassment in the form of verbal abuse, threats and physical abuse. Before 2014, there was no such protection for healthcare staff in public hospitals and polyclinics. CGH devised some tools (verbal and written warnings) to manage abusive behaviour to ensure the safety of other patients, staff and members of the public.

METHODOLOGY

While the bill was read in Parliament and before it became law, CGH convened a taskforce comprising of staff from the range of hospital care settings including areas which are more likely to face abuse like the A&E Department and Intensive Care Unit. We ensured that clinicians, nurses, allied health professionals, operations staff, security staff, peer support officer and a legal colleague were enlisted for good representation of stakeholders. We also consulted our human resources department.

The taskforce recommended :

1. Staff and the public should know their basic rights and responsibilities (public signage, staff orientation and pocket guide book)
2. Appropriate training to enable staff to recognize an abusive incident and respond to it
3. Standardized processes where roles of staff bystanders, witnesses and supervisors, security officers clearly established
4. Roles for supporting departments – Patient Relations, Peer Support, Legal, Human Resources to create a holistic system to support staff through the enforcement process

Arising from these recommendations, the hospital developed

1. Two Workflows – Physical abuse ; Verbal abuse
2. Covering Three domains – Place of incident, Security department, Supporting departments (Patient Relations, Peer Support, Legal, Human Resources)
3. Ensure safety of other patients, visitors and staff
4. Integrating existing tools - verbal and written warnings. Empowerment for ground staff and security executive respectively to issue these warnings.

2 workflows (Verbal Abuse; Physical Abuse) were established to guide staff on what to do and their roles in an incident. In this way, we can ensure people know what they have to do and who does what. It may seem simple but in shock, such instructions have proven helpful. Key stakeholders within this workflow are the people who work at the place of incident, security department and peer support.

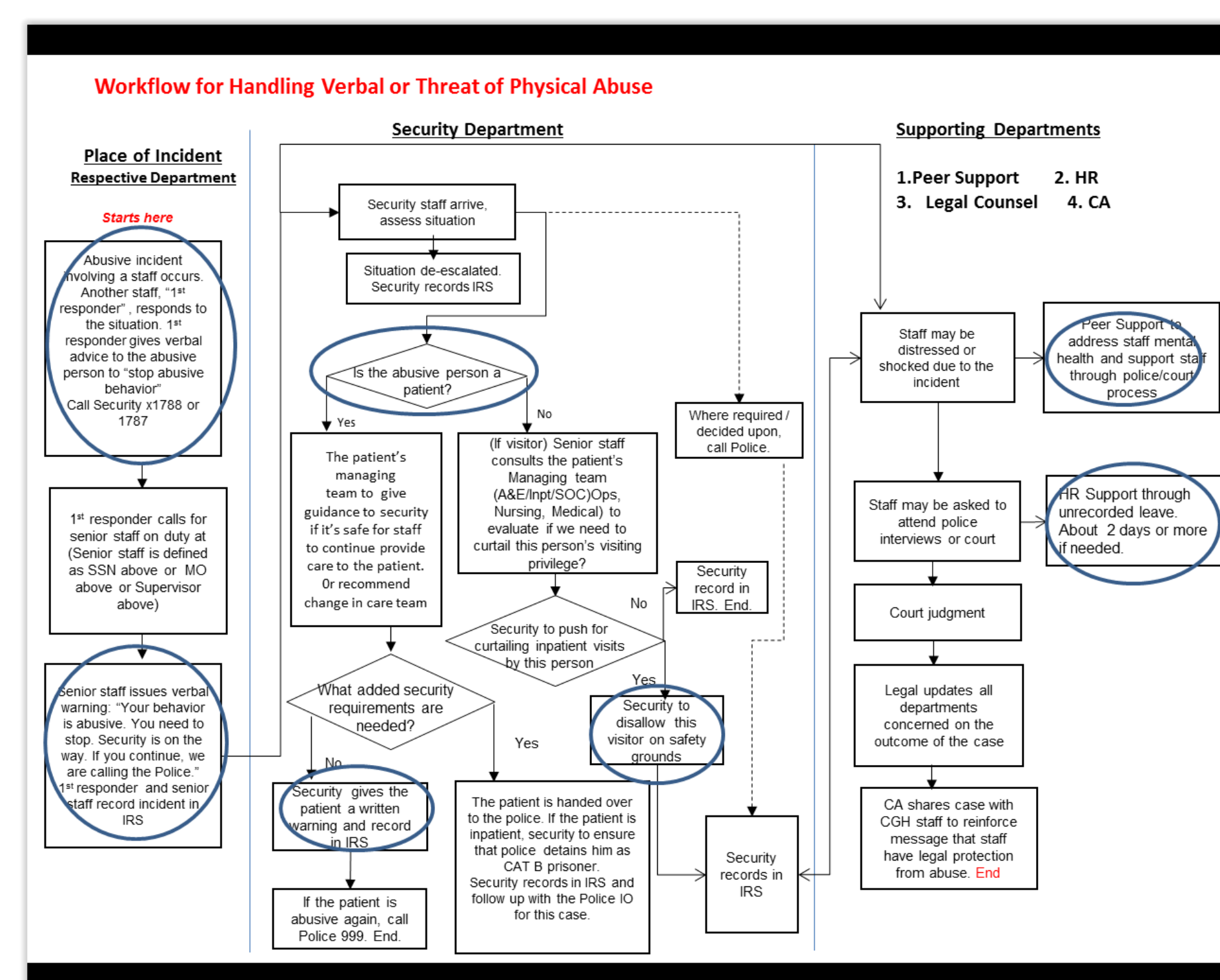
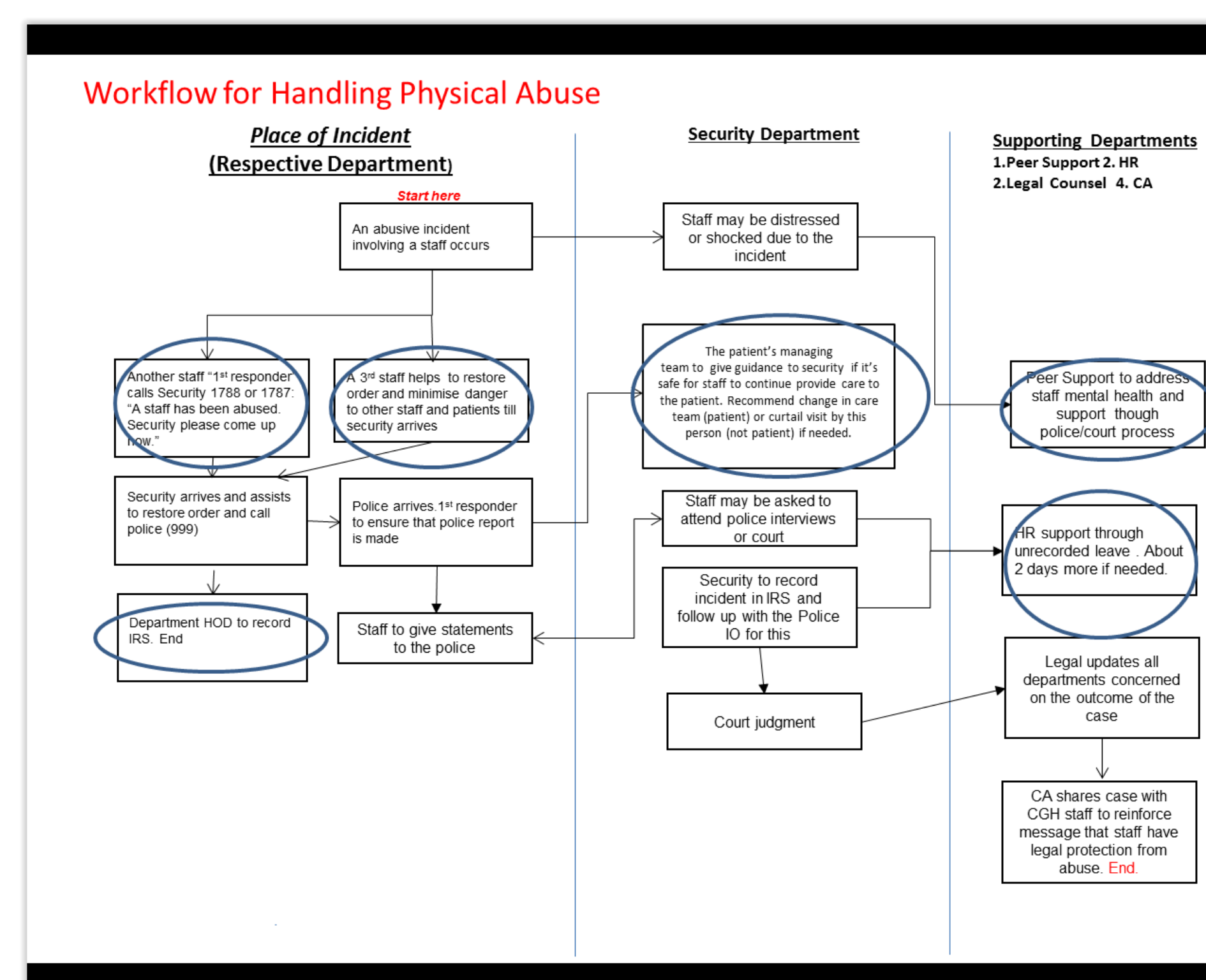
Principles:

1. Colleagues Support- Those working in the place of incident close ranks by calling security while issuing a verbal warning to prevent the situation from escalating
2. Security is in Charge - Hand over the incident management to security when they arrive. Security will call the police if physical abuse has occurred. Thereafter, security will follow up on the police case and keep management updated. This ensures consistency in incident management. Written Warning or “Cease and Desist” letter may be issued by Security Executive to advise patients to refrain from abusive behaviour
3. Head of Department Role– Document in CGH Incident Report System (IRS).
4. Support Departments Role– Ensure staff wellbeing; Counsel staff on their right to make a police report.

Corporate Affairs (Patient Relations) conducted briefings to all clinical staff, Allied Health staff, Operations staff, Ancillary staff meetings and Nurses’ Town hall when the workflows were launched. Thereafter, the content was incorporated into the department’s orientation briefings for new staff and clinical staff

RESULTS

The workflows



Sustainability

Briefings on the workflow were part of our department’s orientation briefings since 2015. The Nurses’ training in “Control and Restraint” techniques included a 2 hour workshop with role plays for staff to practise these workflows. 6 workshops were conducted in 2017 -2018 where more than 120 nurses working inpatient and ambulatory care settings were trained.

Staff feedback for the workflows, briefings and workshop have been positive.

CONCLUSION

POHA 2014 provides healthcare staff with legal protection from verbal and physical abuse in the course of providing care to patients. Staff awareness about the protection and response required as an organisation is important. Through two standardized workflows, the hospital ensured consistent response by staff and stakeholders. Through sustained awareness briefings and workshops, we enskill our staff with the knowledge and skills. In this way, we effectively respond, minimize injury and distress to those affected and ensure safety for patients and visitors.

Signboard

