

“No Harm Zone: Preventing Violence in Perioperative Services”

Using standardized risk screening, telephone violence scripting, stay safe huddles, visual alerts, and secured environments to prevent violence in Pre-Procedure Services (PPS), Pre-op, Intraoperative, and Post Anesthesia Care Unit (PACU)

Kelly Phillips MSN, RN, CNOR; Jaime O’Brien BSN, RN, CAPA; ; Michelle Ballou MBA, MS, RN; Christina Smaus BSN, RN; Kayla Markell BSN, RN; Gabriela Sanchez-Graebner BSN, RN; Karen Collins BSN, RN; Amor Tan BSN, RN; Lydia Li MS; Krista Hall BSN, RN, CPAN, CAPA; Renee Schoenbeck BA, BSN, RN, BCEN; Heidi Embry BSN, RN University of Colorado Hospital | Perianesthesia Services

Background

Workplace violence in healthcare is increasing and poses serious safety risks to staff.

Perioperative areas face unique challenges due to:

- Patient anxiety before surgery
- Emergence delirium after anesthesia
- Two aggressive patient incidents within six months revealed the absence of a standardized safety process in our perioperative setting, highlighting the need for change.

Objectives

Develop a **standardized, proactive process** to:

- Identify patients at risk for aggressive behavior
- Improve communication across perioperative services
- Enhance safety for patients and staff

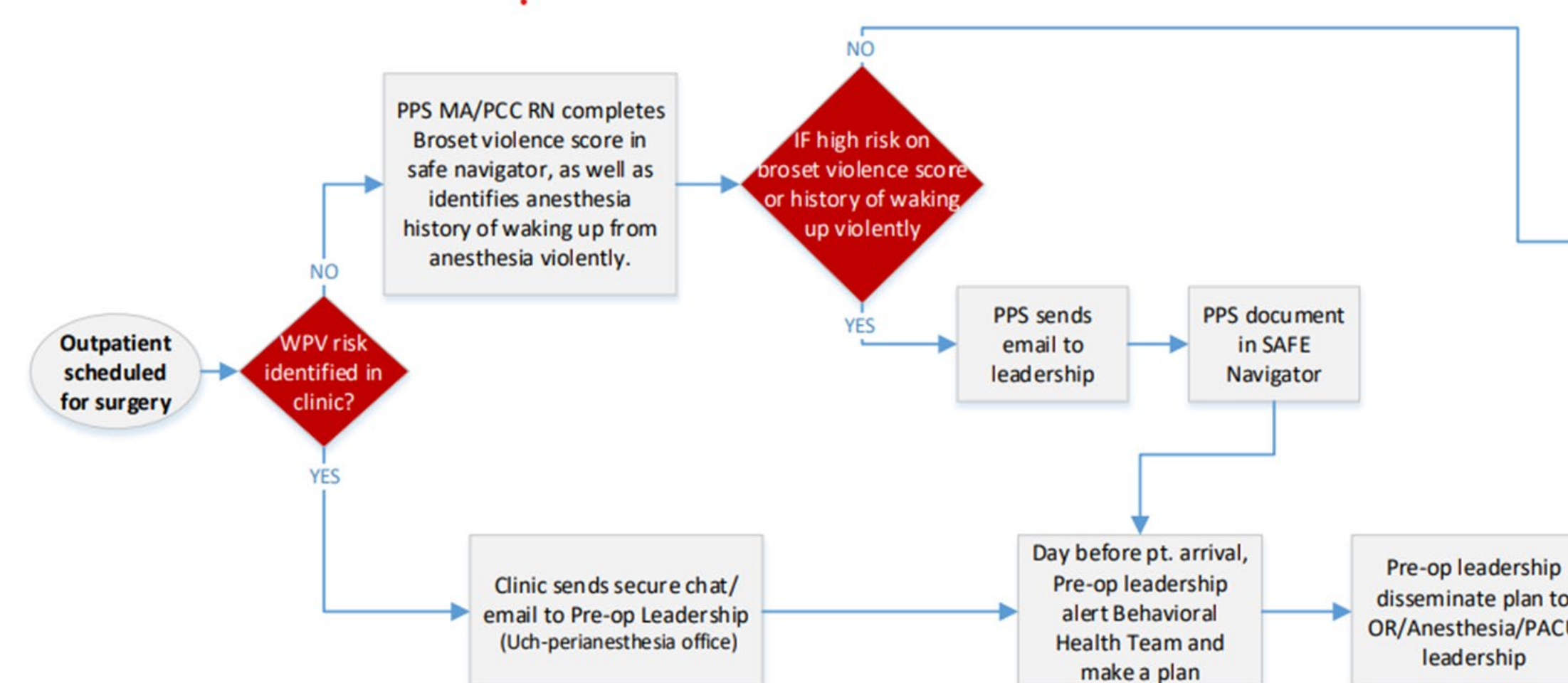
Methods

- A multidisciplinary perioperative team completed a current state process map to identify the patient journey from pre-procedure through discharge or floor/ICU transfer identifying areas of improvement
- Assessed each environment with the Security team for camera and badge access needs
- Assessed staff knowledge and communication gaps
- Collaborated with subject matter experts

Interventions

- Implemented standardized risk screening in PPS. (Broset Violence Score)
- Stay safe huddle – multidisciplinary huddle to formulate a plan of care promoting safety
- Visual alerts in EPIC- ■ on status board to identify at risk patients
- Utilization of telephone violence scripting
- Secured environments with badge only access and cameras
- Comprehensive education developed based on survey results
- Developed a workplace safety algorithm
- Implemented use of Behavioral Health Roamers
- Mock Code Grey training (Behavioral Health Emergency Response)

UCHA Workplace Safety FUTURE STATE Process Map
UCHA Periop Services



EAST 09	S. Boyd - Scrub	A. Shattles - Cir
0730	0730	0730
	■	
	Surgery/Procedure Outpatient	
		CREATION, FLAP, ROTATION, mohs - Left

Broset Violence Checklist	
Confused	0
Irritable	0
Boisterous	0
Verbally Thr...	0
Physically T...	0
Attackin...	0
Violence Ri...	0
Direct P...	
Intervent...	

Results

Employee Voice Results – Employee Safety is a high priority in my department

FY 2024	67.5
FY 2025	72.6
FY 2026	81.9 (+9.3)

Employee Voice Comments Pre:

“We are only reactive to protecting our staff versus being proactive.”

Employee Voice Comments Post : What are Positive changes you have seen over the past 12 months? Multiple positive comments

- Creation of safety algorithm
- Emphasis on violence against health care worker and resources
- Workplace violence improvements

Post Survey Result – Has early patient identification using Broset violence score, stay safe huddles, improved safety for employees



Example of Success

Case 1: MRI Patient With Developmental Delay

- Social worker alerted Pre-op/PACU leadership to family concerns based on past hospital experiences.
- Multidisciplinary planning meeting held (Social Work, Pre/Post, Behavioral Health, Anesthesia, Radiology).
- Day of MRI: Behavioral Health Tech present throughout visit; no incidents.
- Parent feedback: “The most amazing medical experience we have EVER had.”