

Developing a Comprehensive Workplace Violence Prevention Program

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The Face Of Workplace Violence



Objectives

- Identify the key OSHA definitions and recommendations associated with workplace violence prevention, and understand the reality of violence in healthcare.
- Identify the core components of a comprehensive workplace violence program.
- Demonstrate proactive workplace violence prevention tools.
- Define future work and program development opportunities.

OSHA

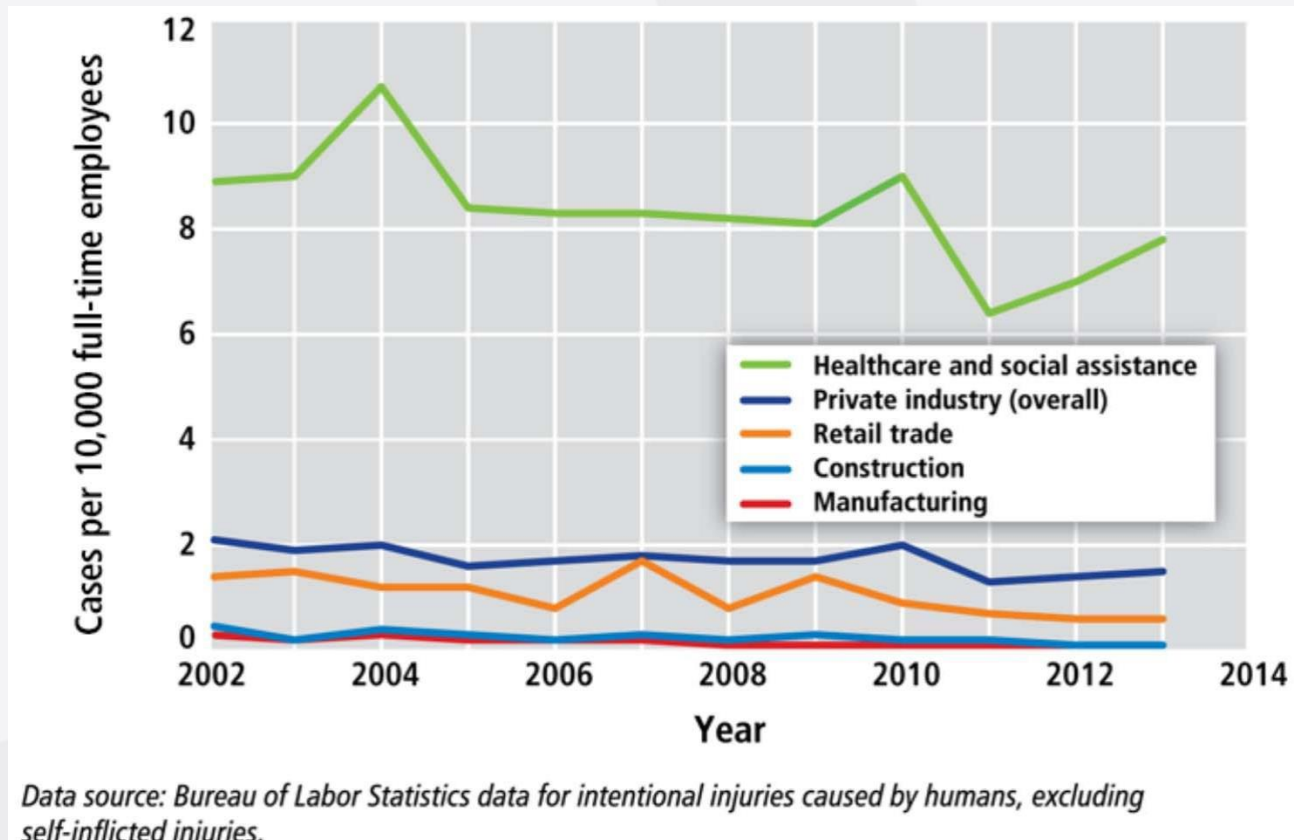
Definition: Workplace violence is any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. *Occupational Safety & Health Administration*

- Currently no specific standard – falls under general duty clause.
 - Standard in development
- 26 states, Puerto Rico and U.S. Virgin Islands have OSHA approved State Plans.
- One of OSHA's 5 areas of interest.
- 2015 OSHA published an update to its *Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers* – voluntary guidelines.

The Reality In Healthcare

- Bureau of Labor Statistics data shows that Healthcare is the #2 industry in the United States for Workplace violence.
- The American Psychiatric Nurses Association (APNA) has reported that nearly 500,000 nurses experience verbal and physical violence each year.
- The Occupational Health & Safety Administration's (OSHA) data shows that of the approximately 25,000 workplace assaults reported annually; 75% occur in the healthcare industry.
- According to OSHA, 80% of all violence against healthcare workers is perpetrated by their patients.

A Quick Comparison – 2002-2013 Study



What are the effects on our employees?

Significant Impacts on a Quality Care Environment

- **Bureau of Labor Statistics Reports**

- 7% increase in Absenteeism
- 6% increase in Turnover
- 21% increase in Fear Levels
- 9% decrease in Productivity

- Median days away from work as a result of intentional injury by another person is **7 days**.
- For healthcare workers, assaults comprise **11%** of workplace injuries involving days away from work, as compared to **3%** of injuries of all private sector employees.

Violent Environments result in Decreased Employee Engagement and Promote Poor Quality Care

What are the effects on our business?

Massive Impacts on our Business

- **OSHA Reports Direct and Indirect Costs for WPV Injuries**
 - \$57,773 for a concussion
 - \$41,397 for a laceration
 - \$64,988 for mental stress
- **The ENA report turnover costs inclusive of recruitment, hiring, and training**
 - \$82,000 per RN
- **Based on numbers from ASSE and the ANA we can estimate**
 - \$1.6 Billion annually for healthcare organizations

Violence Impacts all Aspects of our Business

WPV: Where We Were

- No common reporting or not reported at all
- Cultural Acceptance: Employees not aware of what is considered WPV
 - “this happens all the time”
 - “he was just demented”
 - “she was just a little old lady”
- Limited Communication between Public Safety and Employee Health
- Delayed knowledge of incident
- “Reactive” view of Public Safety employees
- Disjointed management input – left hand vs. right hand

Initial Efforts

- Collaborative discussions between EHS and Public Safety
 - Redefined OUR relationship
 - Identified common issues
- Started reporting employee safety events at daily safety huddle
- Re-categorized the variance reporting: single stream reporting
 - Employee Event – Violence Against Staff
- Re-categorized the Employee Health Data base to identify violence

Where We Are

Our Construction of a Collaborative WPV Program



Employee Training

Training through various channels:

- Escalating Behavior Recognition and Response
 - **Level I – All Employees**
 - Understanding Causes of Escalation in Healthcare
 - Recognizing Escalation – Threat Levels
 - Early Stage Proactive Protection Measures
 - Workplace Violence Prevention Tools
 - **Level II – Clinical Employees**
 - Review of Level I
 - Practical Self Defense
 - **Level III – High Risk Employees**
 - Review of Level II
 - Enhanced Practical Self Defense

Education is Foundational

Two Primary Reasons

- Builds Confidence
- Informs Response



Employee Engagement

Finding Avenues to engage staff and gain feedback

- Follow-up Incident Investigation
 - Continuous review of incidents resulting in follow-up interaction with victims and staff
- Proactive Patrolling
 - Adjusting Officer Presence and activity to match metrics. High Visibility and Engagement.
- Hazard Rounds
 - Regular unit inspections and response tool engagement

Employee Response

- **Preventative/ Proactive Tools**

- Threat Levels
- Proactive Patrolling
- Key Alerts: CRACK & BOLO Posting/ Reporting, Alert Flags
- Hospital Individual Threat Database
- Threats and Harassments Reporting
- ED Violence Risk Assessment
- Security Threat Assessment Team
 - Inter-disciplinary Involvement
 - Bed-Side Threat Analysis
 - Mitigation Planning
- Threat Assessment Protocol (TAP)
- Threat Management Team
- Patient Flags

- **Reactive Tools**

- Security Alert – Public Safety Needed



Standard Threat Levels

Low Level Threat: LLT

A LLT is a subject or incident that presents minor disruptions to normal facility operations, and presents a low threat of violence.

High Level Threat: HLT

A HLT is a subject or incident that presents major disruptions to normal operations and has a verified history of violent action.

Medium Level Threat: MLT

A MLT is a subject or incident that presents major disruptions to normal operations and presents the possibility for violent action.

Critical Level Threat: CLT

A CLT is a subject or incident that presents a known and immediate threat of significant bodily harm or death to patients, staff or visitors.

Investigations & Intelligence

- **Key Alerts:**

- Be on the look out (BOLOs)
- Critical Incident Watches (CIW)
- Critical Response and Critical Knowledge (CRACK)



- **Hospital Individual Threat Database (HITDB)**

- **Regular Intelligence Reporting**

- **Threat Investigation & Assessment**

Threat Assessment Protocol (TAP)

- Deeper Investigation of Potential Threats
 - Criminal Background
 - Contributing Medical History
 - Previous History with Subject
 - History with other facilities
 - Recommended Threat Level and Protocol

Piedmont Athens Regional Department of Public Safety Investigations Threat Assessment Protocol		
Case #	Date	Investigator
<input type="text"/>	<input type="text"/>	<input type="text"/>
Incident Type	Subject	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>
PAR DPS History <input type="text"/>		
Criminal History <input type="text"/>		
Medical History Contributors <input type="text"/>		
Incident Specifics <input type="text"/>		
Recommended Threat Level and Protocol <input type="text"/>		

Threat Management Team

Meets Monthly

- Reviews TAP Workups
- Identifies Recurring Issues
- Develops Preventative Protocol
- Flags for Situational Awareness

Membership

- Public Safety
- Lead Hospitalist
- Social Work
- Nursing Administration
- Risk Management

Metrics for Assessment

- **Workplace Violence Indicators**
 - Damage to Property
 - Disorderly Conduct
 - Drugs/Alcohol Found
 - Elopements
 - Medical Assist
 - Threats
 - Harassment
- **Assaults**
 - Actual Assaults of all types

Proactive Patrolling

- Based on our Operational Intelligence
- Shifts Patrol Focus: Week to Week – Month to Month
 - Increased Suppression through Presence
 - Decreased Response Times
- Interactive Engagement with Clinical Staff

Threats & Harassments Program

- For employees dealing with a threatening or harassing situation in or outside the organization.
 - Threat Investigation
 - Liaison with HR
 - Liaison with Law Enforcement
 - Assist with Protective Orders
 - Provide Escorts
 - Specialized Parking
 - Panic Alarm

Security Threat Assessment Team


- Designed to address *prevention* needs.
- Based on *collaboration and resourcing* for full spectrum care.
- Utilizes:
 - Public Safety/ Security Staff – Leading the analysis
 - Bedside Clinical Staff
 - Social Work Staff
 - Patient Experience Staff

Threat Analysis

Key considerations:

- Disruption to operations
- Type of acting out behavior
- Number of subjects involved
- Special considerations

Add the scores together to get the total threat value for threat level assignment.



DPS Threat Assessment Worksheet

Subject Name: _____

DOB: _____

Place Pt Sticker Here

Disruption to Operations (Select one)

Minor Disruption to Unit Operations	Medium Disruption to Unit Operations	Major Disruption to Unit Operations	Major Disruption to Hospital Operations
5	10	15	20

Definitions:
 Minor Disruption to Unit Operations = Key Concerns contribute to disruption of 1-2 staff's workflow on unit.
 Medium Disruption to Unit Operations = Key Concerns contribute to disruption of >2 staff's workflow.
 Major Disruption to Unit Operations = Key concerns contribute to disruption of other patient care on Unit.
 Major Disruption to Hospital Operations = Key Concerns contribute to disruption of patient care on Unit and involve multiple Units within Organization.

Acting Out Behavior (Select one)

Low Probability Verbal Acting Out	High Probability Verbal Acting Out	Low Probability Physical Acting Out	High Probability Physical Acting Out
5	10	15	20

Number of Subjects Involved (Select one)

Single Patient/ Subject	2 Subjects	3-4 Subjects	5 or more Subjects
5	10	15	20

Special Considerations (Add each that apply)

Specific Threat Involving Violence to Organization or Generic Target	Specific Threat Involving Violence to Specific Target	History of Violence	Specific Threats Involving the use of a Weapon
5	10	15	20

Total Score	
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(Circle One)

<30	Low Level Threat
31-45	Medium Level Threat
46-60	High Level Threat
>60	Critical Level Threat

Distribution: 1 Copy to Investigations/ 1 Copy to STA Binder/ 1 Copy attached to Incident Report

Planning Worksheet

Once the concerns are identified the planning begins.

Section 1:

Key Concerns and threat level.

Section 2:

Clinical

Section 3:

Social Work


Section 4:

Patient Experience

Section 5:

Public Safety

Distribution: 1 copy to each team member/ 1 to paper chart.

		PAR Department of Public Safety Security Threat Assessment & Planning Worksheet
Patient/ Subject Name:		<i>Place Pt Sticker Here</i>
Room#/ Unit:		
Date/ Time:		
Key Concerns:		
<input type="checkbox"/> LOW LEVEL THREAT <input type="checkbox"/> MEDIUM LEVEL THREAT <input type="checkbox"/> HIGH LEVEL THREAT <input type="checkbox"/> CRITICAL LEVEL THREAT		
Clinical		Representative:
Key Questions: -1013? -Can we get a Sitter? -Medical Issues? -Medicine? -Discharge Potential?		
Action Plan:		
Social Work		Representative:
Key Questions: - Family Support? - Family Issues? - History from Family related to issues? Placement Issues?		
Action Plan:		
Patient Experience		Representative:
Key Questions: - Complaint History? - Contact History? - Is this a service issue? - Will a SEC help?		
Action Plan:		
Public Safety		Representative:
Key Questions: - History in Database? - Will a face to face help? - Behavioral Agreement Candidate?		
Action Plan:		

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Management Oversight

Collaborative Workplace Violence Prevention Committee

- Meets Quarterly
 - Review Incidents and Analytics
 - Discusses
 - Barriers
 - Trends
 - Root Causes

Membership

- Chief Medical Officer
- Chief Operations Officer
- Chief Nursing Officer
- Physician Practice Leadership
- Behavioral Health Physician
- Public Safety
- Employee Health
- Safety
- Emergency Department Management
- Quality Improvement Department
- Employee Education

Management Action

Collaborative Workplace Violence Prevention Committee

Based on incident and analytics review

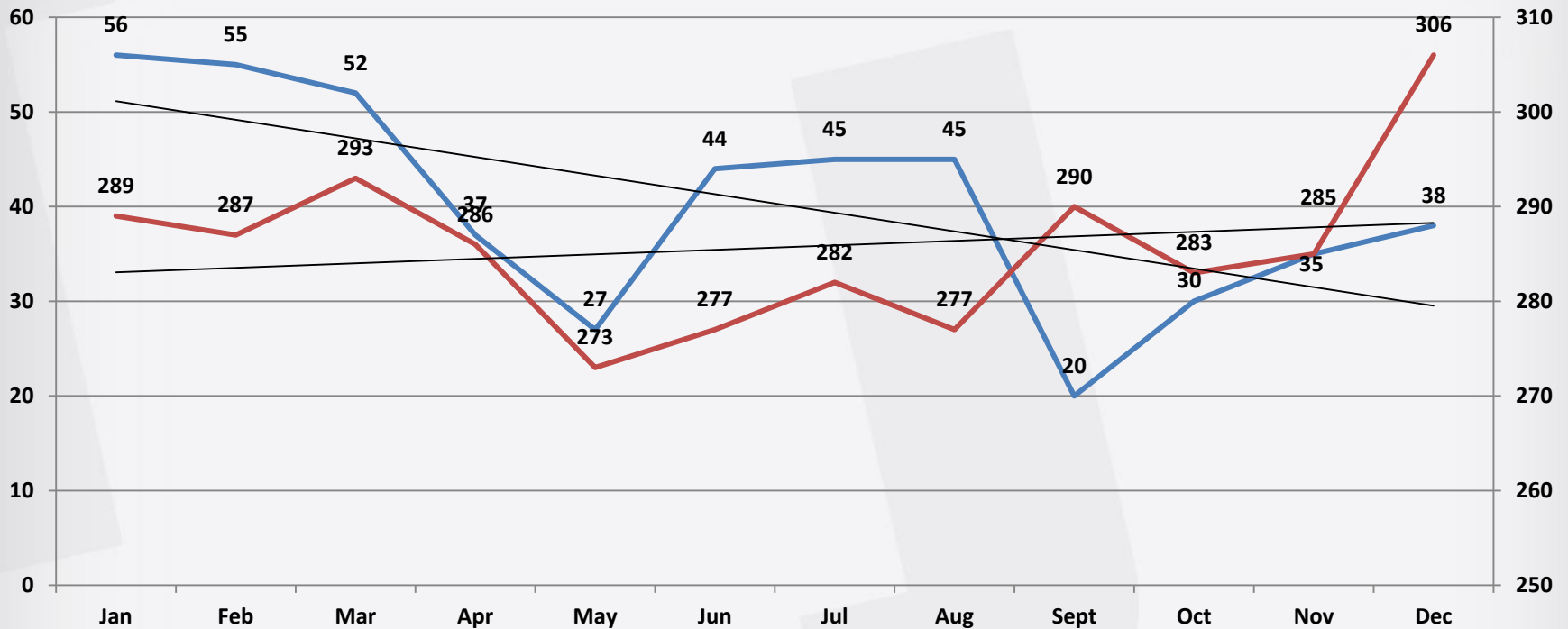
- Recommend/ Implement Training Process Changes
- Recommend/ Implement Policy Changes
- Recommend/ Implement Process/ Procedure Changes
- Recommend/ Implement Reporting Changes

Feeding Continuous Improvement

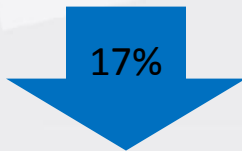


“Nothing wilts faster than laurels that have been rested upon.” *Unknown*

Results



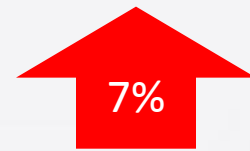
Year over Year



Incidents Per Month



Patient Population



Our Future Objectives

- System Expansion
- Increasing Targeted Education
- Pursuit of Legislation
- Interagency Partnerships
- Data and Metrics Refinement

What Can You Do?

Professionally

- Promote Deterrent Legislation
- Demand Professional Education

Organizationally

- Educate your employees
- Develop your Security Forces
- Build Proactive and collaborative Tools



Questions?

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