

Workplace Violence Prevention: Best Practices for Safer Care

Welcome!

- All lines are muted, so please ask your questions in Chat
- For technical issues, chat to the 'Technical Support' panelist
- Please participate in polling questions that pop up on the lower right-hand side of your screen
- This event is being recorded

**We will get
started shortly!**

Collaborating To Support Your Quality Improvement Efforts



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- Kentucky Hospital Association
- Q3 Health Innovation Partners
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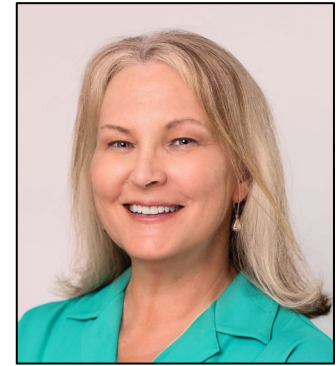


ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION



Learning Objectives

- Describe the four types of workplace violence and the two that are the most prevalent in the healthcare industry
- Review key components of a workplace violence prevention program and the impact on workforce safety
- Outline hospital policy guidelines and recommendations



Karen Holtz, MT (ASCP), MS, CPHQ
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Workplace Violence Prevention

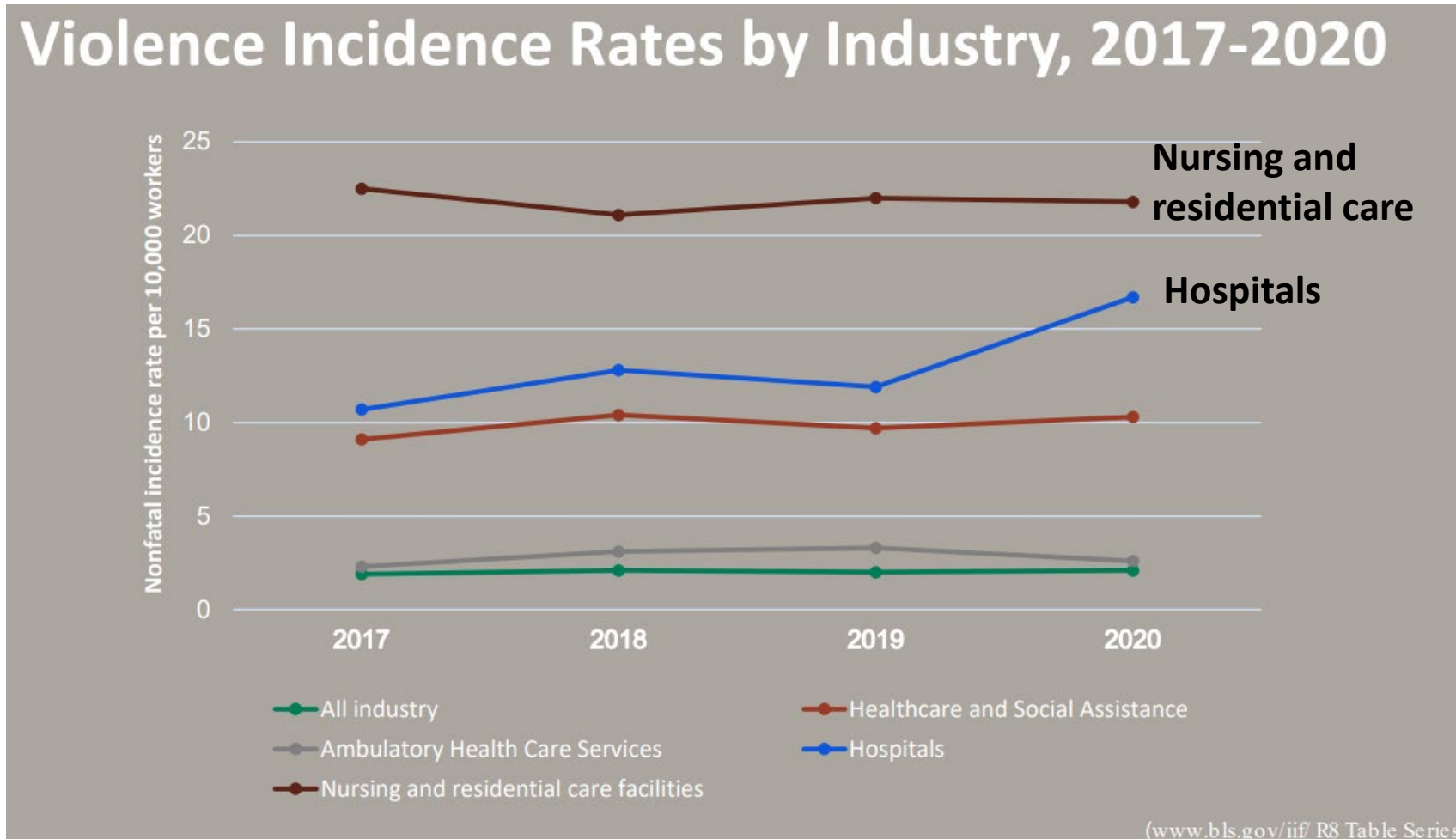
- Workplace violence (WPV) is defined as an act or threat occurring at the workplace that can include any of the following:



- An April 2020 Bureau of Labor Statistics Fact Sheet found that health care workers accounted for 73% of all nonfatal workplace injuries and illnesses due to violence in 2018. This number has been steadily increasing since tracking of these events began in 2011.

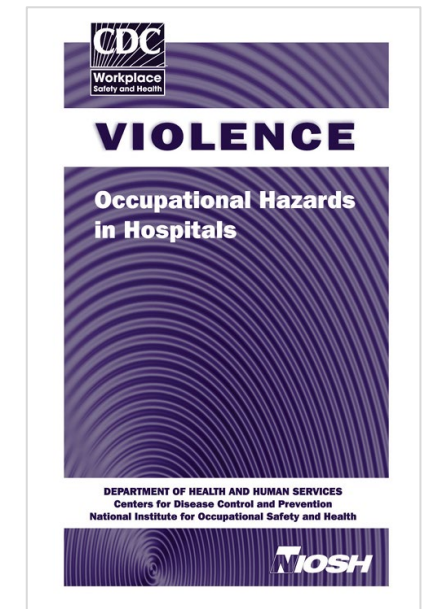
Source: The Joint Commission

Violence Rate by Industry: 2017-2020



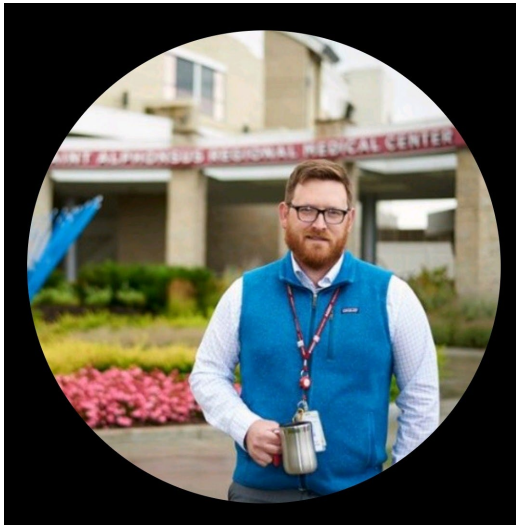
About NIOSH

- As part of the Centers for Disease Control and Prevention (CDC), the National Institute for Occupational Safety and Health (NIOSH) conducts research. It makes recommendations to prevent work-related illness and injury.
- NIOSH is often confused with OSHA (the Occupational Safety and Health Administration). However, NIOSH and OSHA are separate agencies with different functions. NIOSH is a CDC research agency in the U.S. Department of Health and Human Services. OSHA is a regulatory agency in the U.S. Department of Labor.



www.cdc.gov/niosh/docs/2002-101/pdfs/2002-101.pdf?id=10.26616/NIOSH PUB2002101

Tyler Kerns, M. Coun, LPC



Tyler Kerns, M. Coun, LPC
Violence Prevention & Education Consultant
Saint Alphonus Health System

Tyler Kerns is a licensed professional counselor with 16 years of experience working in behavioral health. He received his bachelor's in psychology from Shepherd University and a master's in counseling from Idaho State University.

Tyler currently serves as the Violence Prevention & Education Consultant for the Saint Alphonus Health System (SAHS), where he is the subject matter expert for managing disruptive behavior and colleague safety through violence prevention. Tyler is also the chairperson leading the Trinity Health System Workplace Violence Prevention committee for 89 hospitals in 19 states.

Trinity Health is one of the largest not-for-profit, faith-based health care systems and includes 101 hospitals, 126 continuing care locations, 36,500 physicians, and a family of 121,000 colleagues.



Trinity Health Workplace Violence (WPV) Prevention Strategy

Becoming the Safest Health System in America

Tyler Kerns, LPC

Violence Prevention & Education Consultant, Saint Alphonse Health System

Trinity Health WPV Prevention Committee Chair

Increase in Workplace Violence Nationwide

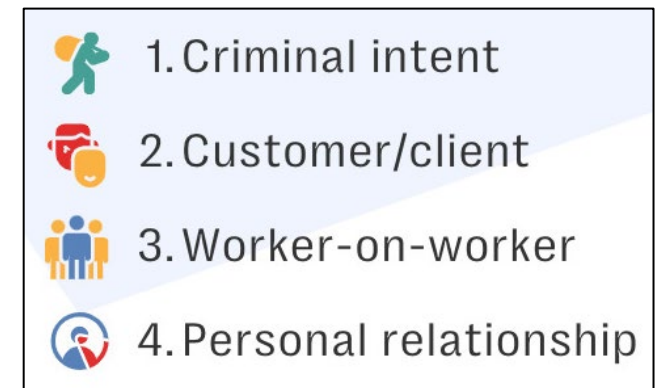


The screenshot shows a news article on the Press Ganey website. The navigation bar includes 'PressGaney', 'Platform', 'Solutions', 'Consulting', 'Company', 'Resources', and a 'Request a d' button. The breadcrumb trail is 'Home > Company > News > On average, two nurses are assaulted every hour, new Press Ganey analysis finds'. The main headline is 'On average, two nurses are assaulted every hour, new Press Ganey analysis finds'. Below the headline is a 'NEWS' tag, the location 'Chicago', and the date '08 September 2022'. The article text states: 'According to Press Ganey, renowned leader in patient, member, employee and consumer experience across the healthcare ecosystem, more than two nursing personnel were assaulted every hour in Q2 2022. That equates to roughly 57 assaults per day, 1,739 assaults per month and 5,217 assaults per quarter.'

Type 1: Criminal Intent

- The perpetrator has no legitimate relationship to the business or its employees and is usually committing a crime in conjunction with the violence (robbery, shoplifting, trespassing). For example:
 - A nurse was assaulted in the hospital parking garage
 - A home health care nurse is mugged while conducting a home visit
 - In health care settings, Type I violence occurs less frequently compared to other types of violence

Four Types of Workplace Violence







Source: [National Institute for Occupational Safety and Health](#)

Type 2: Customer/Client/Patient

- Customer/client/patient violence is common in health care settings
- Research shows that this type of violence occurs frequently in emergency and psychiatric treatment settings, waiting rooms, and geriatric settings but is by no means limited to these areas





Four Types of Workplace Violence

-  1. Criminal intent
-  2. Customer/client
-  3. Worker-on-worker
-  4. Personal relationship

Type 3: Worker-on-Worker

- Violence between coworkers is commonly referred to as lateral or horizontal violence
- Includes bullying and frequently manifests as verbal and emotional abuse that is unfair, offensive, vindictive, and/or humiliating, though it can range all the way to homicide
- Worker-on-worker violence is often directed at persons viewed as being "lower on the food chain," such as a supervisor to supervisee or doctor to nurse, though incidences of peer-to-peer violence are also common.

Four Types of Workplace Violence

-  1. Criminal intent
-  2. Customer/client
-  3. Worker-on-worker
-  4. Personal relationship

Type 4: Personal Relationship

- The perpetrator has a relationship with the nurse outside of work that spills over to the work environment
- For example, the husband of a nurse follows her to work, orders her home and threatens her, with implications for not only this nurse but also for her coworkers and patients

Four Types of Workplace Violence

1. Criminal intent
2. Customer/client
3. Worker-on-worker
4. Personal relationship

Workplace Violence Prevention Takes More Than Security

- Requires a commitment from organizational leadership, interdisciplinary collaboration, and allocation of resources. It is an investment in our workforce, not an operational cost.
 - Safety as a core value since 2020
 - Colleague and patient safety are seen as one safety effort, fully integrated
 - OSHA events on the board goals since 2021
 - Nearly 400 fewer OSHA injuries to workers this fiscal year
 - Our 5 Team Colleague Safety Strategy
 - Workplace violence prevention workgroup for the enterprise

Workplace Violence Prevention Takes More Than Security

- Plan
- Train
- Screen
- Respond
- Track/Analysis

Workplace Violence (WPV) Prevention Workgroup

Areas of Focus

Trinity Health WPV Prevention Guidebook

Detailed instructions for implementing WPV prevention best practices for all TH ministries

Screening for Violence

Integration of the Broset Violence Checklist into the EMR for early identification of patients with elevated risk of violence

Used as a standard screening tool for patients during triage/intake in the ED/ acute care setting

Real-Time Response to WPV

Going beyond a security response to include clinical support and senior leadership involvement while normalizing and standardizing the reporting process for WPV incidents and improving quality documentation

Education and Training

Use of a standard nonviolent physical intervention/de-escalation curriculum for all security teams that emphasizes DEI components to improve security and patient/client/visitor interactions

Creation of a three-tiered proprietary violence prevention and de-escalation curriculum for use on the enterprise level for onboarding and annual training.

Low-Risk exposure: eLearning module covering identifying escalating behavior, de-escalating strategies, policies, reporting, roles, and physical safety techniques.

Moderate Risk Exposure: eLearning module and two to three hours of in-person with hands-on physical safety techniques.

High-Risk Exposure: eLearning module and eight hours of in-person training with in-depth de-escalation training, hands-on physical safety techniques, and nonviolent therapeutic restraint techniques.

Workplace Violence (WPV) Prevention Workgroup Areas of Focus

Data Tracking Dashboards

Allow for greater capacity to drill down into WPV data

Analysis of incidents by date, location, unit, type of incident, severity, and job role of the affected colleague

The WPV dashboards will be used in conjunction with existing enterprise-level safety scorecards

WPV Prevention Committees at All Ministries

Models have been created to allow each RHM to develop an active interdisciplinary WPV prevention committee to own and steer the local WPV prevention programs

This local ownership and accountability improves prevention and ensures compliance with The Joint Commission accreditation standards

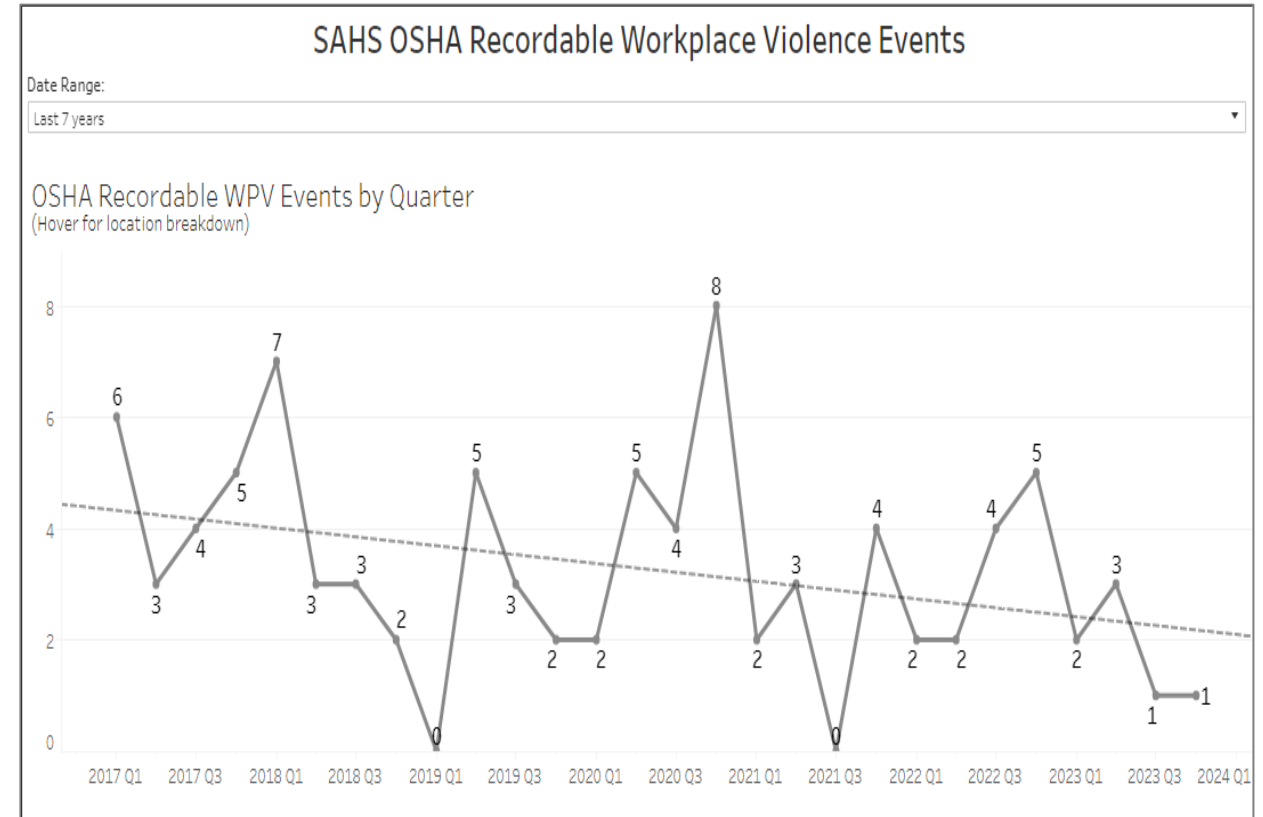
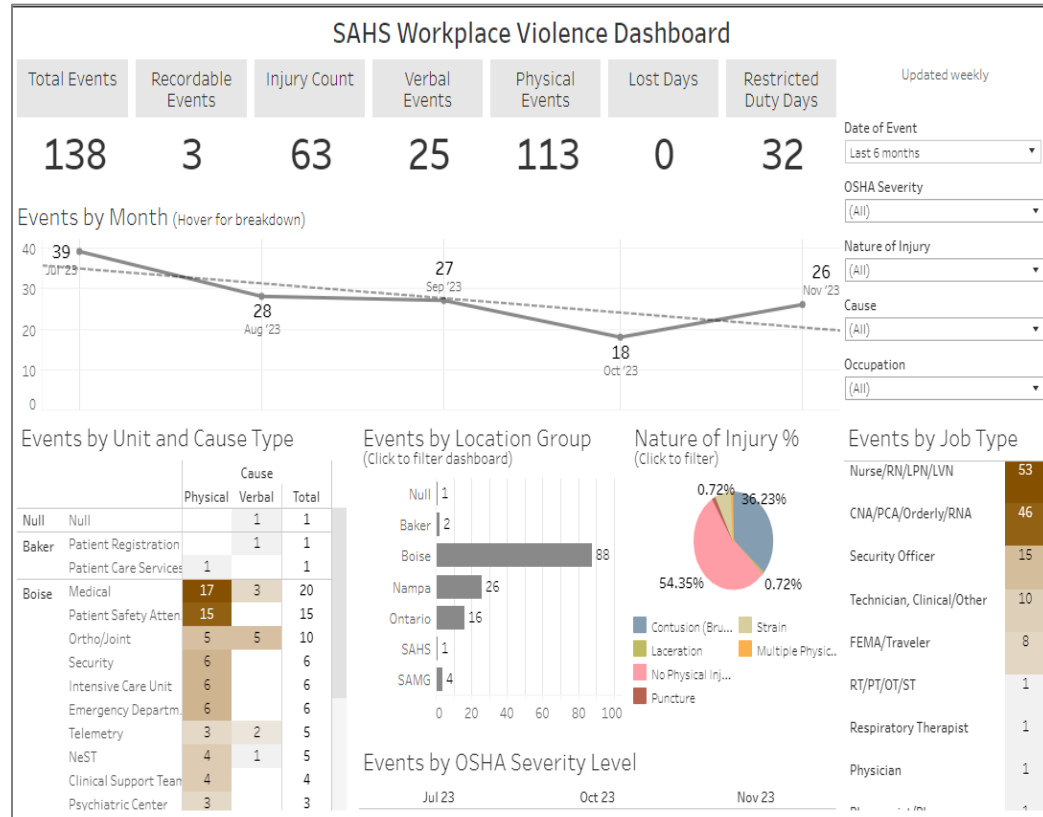
Patient/Visitor Code of conduct

Utilization of a Patient/Visitor Code of Conduct to clarify behavioral expectations as well as the consequences for failing to adhere to said behavioral expectations

Visitor management and access management standardization

Zero tolerance of predatory violence

Detailed Data Tracking and Analysis With WPV Dashboards



Ministry-specific WPV dashboards that allow for granular assessment down to the unit/job role level will be available enterprise-wide in early 2024

Implementing a Workplace Violence Prevention Program

Identify Stakeholders

Interdisciplinary collaboration includes security, risk management, colleague safety/employee health, patient safety, facilities/engineering, health information management, regulatory, clinical leadership, executive leadership, and frontline colleague representation.

Leverage expertise from all areas of your organization.

Ownership & Accountability

Identify a leader for your WPV prevention program. This is a core responsibility, not an additional duty.

Scale your program's engagement: daily safety huddles, weekly incident reviews, monthly WPV prevention committee meetings, quarterly board reports, annual program reviews.

Accreditation and Regulatory considerations

Ensure your WPV prevention program remains current on all local, state, and federal accreditation and regulatory requirements and changes.

Explore and consider avenues not just to meet but exceed these regulatory expectations. Continuous improvement should be the goal.

Cultural shift and empowering colleagues

Communication on every level that Violence is not part of the job. Incorporate WPV prevention into the fabric of your organization.

Encourage and empower colleagues to speak up and report when violence occurs and DEMONSTRATE that your organization is taking action to address it.

WPV Policy Guidelines

- Purpose
 - What is the intent, and how does it align with organizational goals
- Define WPV
 - What behaviors constitute WPV
 - Types of WPV as outlined by OSHA
- How to Report
 - What do I do? Who do I tell?
- Response process to WPV
 - Who, where, when?
 - What are the roles of the responders
- Communication escalation pathway
 - How is leadership notified?
 - How is the communication loop closed with the colleague?
- Documentation location and process
 - Who documents?
 - What is documented?
 - Who manages this database?
- Incident Investigation
 - Overview of what needs to be captured, where is this information shared?
- Policy review process
 - How often and by whom?
- Education plan
 - How colleagues will be informed of policy and changes

Policy Recommendations

Trinity Health Supports Health Care Workforce Safety

Workplace violence is a serious problem in health care settings that has been on the rise in recent years, including a noticeable increase since the beginning of the COVID-19 pandemic. Front-line health care workers are dealing with physical and emotional stress, burnout, threats, violence and staff shortages. In a survey of registered nurses, 44% reported experiencing physical violence and 68% reported experiencing verbal abuse during the pandemic.¹

At Trinity Health, our core values include safety. We aspire to leverage our skill, scale and learning to be the safest health care system in the nation. Trinity Health is employing a variety of strategies and tactics to combat escalating violence toward colleagues. Our efforts include standardized de-escalation training for all security professionals, a three-tiered workplace violence training program for patient-facing colleagues and embedding a risk scoring tool in our electronic medical record that will allow for identification of violent patients.

Congress can show support for health care workers by **taking immediate action to pass the bipartisan Safety from Violence for Healthcare Employees (SAVE) Act (H.R. 7961)**. This legislation would make it a federal crime to assault or intimidate a hospital employee if it interferes with the ability of that employee to perform their duties. Ensuring a safe environment for our health care workforce is essential to building resilience and providing quality care to the patients and communities we serve.

Trinity Health has outlined additional **policy recommendations** to address violence against health care workers.

¹Byon HD, Sagherian K, Kim Y, Lipscomb J, Crandall M, Steege L. Nurses' Experience With Type II Workplace Violence and Underreporting During the COVID-19 Pandemic. Workplace Health Saf. 2021 Aug 3;21650799211031233.

<https://www.trinity-health.org/assets/documents/advocacy/comments-on-policy/2022/trinityhealthcommitmenttosafetyconfrontviolenceimprovehealthjune2022.pdf>

Additional Areas of Focus and Action Items



Behavioral Emergency Response Teams (BERT)



Strong signage for all visitors regarding the safety of colleagues is a key priority of the institution



Patient Code of Conduct policy



Metal detector use in the ED setting



Canine programs



Gun violence prevention initiatives and training



Trinity Health

Impact from investing in Workforce Safety

TH Worker's Compensation Costs from WPV injury		
CY	Lost Days	Total Cost
2020	2,502	\$3,093,240
2021	3,190	\$2,402,736
2022	2,956	\$1,496,822

51.6% reduction since program implementation.

The Purple Swirl St. Mary's Good Samaritan (GA) Trinity Health System

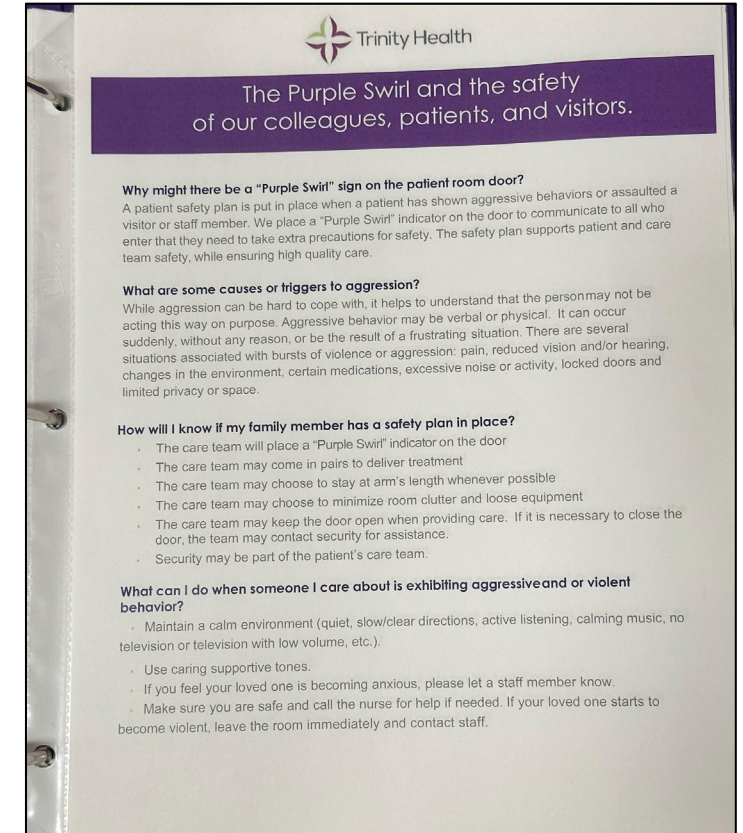
Door sign



Tag for wheelchair



Guidelines



Asked and Answered

1. Interested in WPV prevention strategies for rural facilities without security
For rural facilities that do not have security staffed within their facility, I recommend partnering with and strengthening relationships with local law enforcement. Let them know your WPV policies and procedures specific to your organization so they are familiar with what has been done in the event of an incident prior to calling 911. Consider creating a code gray team that has additional de-escalation training and high-level therapeutic restraint training. Additionally, without security, facilities should increase their means of communication, i.e., wearable duress buttons, radios, and companion phones for all colleagues.
2. Standardized policy template that hospitals could use for comparing current policy to aid best practice? [See slides 20-21.](#)

Asked and Answered

3. Discuss what type of security officers are best in the ED, de-escalation for ED staff, practical advice for small hospital ED

The best type of security officers in the ED are the same ones that are the best for other areas of the hospital: empathetic, calm, well-trained, and adept at critical thinking. The needs of an ED will vary from organization to organization and market to market. Some will have dedicated security FTEs staffed solely for the ED, while smaller critical access hospitals may have one or two for the entire facility. The best security staff are those who can communicate well with the interdisciplinary team and patients alike. Training for ED staff should meet the organization's accrediting body's standards with a focus on verbal de-escalation, DEI, empathy, and include clear instruction on use of a team approach when more restrictive interventions are needed as a last resort.

4. Are there any de-escalation technique videos or power points that I could share with staff on how to handle these events? [Verbal de-escalation of the agitated patient. \(University of Colorado School of Medicine\)](https://www.youtube.com/watch?v=musgq94q8GQ)
<https://www.youtube.com/watch?v=musgq94q8GQ>

Workplace Violence Prevention Coaching Package

Making Health Care Better Together

COLLABORATORS:
 Alabama Hospital Association
 Alliant Health Solutions
 Comagine Health
 Georgia Hospital Association
 KFMC Health Improvement Partners
 Konza

WORKPLACE VIOLENCE PREVENTION
COACHING PACKAGE

Purpose: Use the evidence-based best practices and resources below to create quality improvement action plans.

Category	Best Practices/Interventions	Links to resources and toolkits
Safety from Violence for Health Care Employees (SAVE) Act	Safety From Violence for Health Care Employees (SAVE) Act	https://www.aaos.org/globalassets/advocacy/action-center/2022-issue-one-page---save-act.pdf https://www.manchin.senate.gov/imo/media/doc/save_act_bill_text.pdf?cb
	Health Care Workplace Violence and Intimidation, and the Need for a Federal Legislative Response (AHA)	https://www.aha.org/fact-sheets/2022-06-07-fact-sheet-workplace-violence-and-intimidation-and-need-federal-legislative
	Letter of Support for the Safety from Violence for Health Care Employees (SAVE) Act of 2023 (AHA)	https://www.aha.org/lettercomment/2023-04-19-letter-support-save-act-2023
Accreditation and Regulatory Requirements	Workplace Violence Prevention Standards (TJC) for all Joint Commission-accredited hospitals and critical access hospitals	https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/wpvp-r3_20210618.pdf
	Joint Commission Sentinel Event Alert #59: Physical and verbal violence against health care workers	https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/sea-59-workplace-violence-final2.pdf
	Joint Commission Infographic. Take a Stand: No More Violence to Health Care Workers	https://www.jointcommission.org/-/media/tjc/documents/resources/workplace-violence/sea_59_wpv_infographic_3_30_18_final.pdf
	Keep up to date with local, state and federal requirements and changes. Future: CMS to meet with QSOG to determine any Conditions of Participation.	
	How Boards Contribute to a Safe Workplace and	https://trustees.aha.org/system/files?file=media/file/2023/08/

- SAVE Act
- Accreditation Requirements
- Leadership
- Risk Assessment
- Gap Analysis
- Guides and Toolkits
- Staff Education
- Case Studies

https://quality.allianthealth.org/media_library/coaching-package-workplace-violence-prevention/

Additional Resources

1. Workplace Violence Guidance Document - Hospitals (CMS Center for Clinical Standards and Quality, Nov. 2022) <https://www.hhs.gov/guidance/document/workplace-violence-hospitals>
2. The Joint Commission Standards: https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/wpvp-r3_20210618.pdf
3. Sentinel Event Alert Issue 59 <https://www.jointcommission.org/resources/patient-safety-topics/sentinel-event/sentinel-event-alert-newsletters/sentinel-event-alert-59-physical-and-verbal-violence-against-health-care-workers/>
4. Starting on page six of this document, there's a long list of workforce violence and prevention resources: https://www.ahrq.gov/sites/default/files/wysiwyg/sops/surveys/hospital/workplace-safety/workplace_safety_resource_list.pdf
5. De-escalation in health care: <https://www.jointcommission.org/-/media/tjc/documents/newsletters/qs-47-deescalation-1-28-18-rev.pdf>
6. Workplace Violence Policy Development Webinar (recorded on Nov. 16, 2023) <https://hqic-library.ipro.org/2023/11/27/workplace-violence-policy-development-qa-panel-event/>

Upcoming Workplace Violence Prevention LAN Event Series

- Leadership Engagement and Communication Strategies
Thurs., February 22 from 1-1:45 p.m. ET
[Webinar Registration – Zoom](#)
- Unconscious Bias
Tues., March 26 from 2-2:45 p.m. ET
https://us06web.zoom.us/webinar/register/WN_PjhEXoBqR3mfr2Cga8xESw
- A Hospital's Journey
Thurs., April 25 from 1-1:45 p.m. ET



Q&A/Wrap Up

- Type questions and comments in Chat
- Complete evaluation polling questions upon exit



Thank you for attending!

Leaving in Action/Polling Questions

Learning Objectives:

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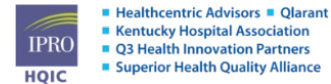
Please tell us in the poll...

Overall, I am satisfied with the event.

The information I learned today will help me improve workplace violence prevention in my hospital.

What do you intend to start doing, stop doing, or do differently?

Contact Us



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Appendix

Type 2 Risk Factors for Patient-based Violence

Clinical	Environmental
Substance abuse In pain History of violence Cognitive impairment	Easy accessibility or avoid detection Increased stress Limited ability for staff to appropriately respond
Organizational	Socio-economic
Attitudes towards workplace violence Inadequate and security training Inadequate reporting policies Working extended shifts and understaffed	Poverty Increase in disrupted families Low community participation

Worker-on-Worker Risk Factors

- Individual factors
 - Stressful and emotional work, fatigue
 - Inadequate interpersonal, coping or conflict management skills
- Systemic factors
 - Productivity demands, cost containment requirements, embedded hierarchies
 - Changing professional roles
 - Staff and schedule changes

The Joint Commission Sentinel Event Alert: Physical and verbal violence against health care workers, Issue 59; April 2018/Revised June 2021
<https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/sea-59-workplace-violence-final2.pdf>

Making Health Care Better *Together*

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Hospital Quality Improvement



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**Thank you for joining us!
How did we do today?**

Alliant Health Solutions



AlliantQIO



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