

HQIC Community of Practice Call

Preventing and Reducing Workplace Violence

February 8, 2024

This material was prepared by The Bizzell Group (Bizzell), the Data Validation and Administrative (DVA) contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS) specific. Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 12SOW/Bizzell/DVA-1276 01/11/2024



Introduction



Welcome!

Shaterra Smith

Social Science Research Analyst

Division of Quality Improvement Innovation

Models Testing

iQuality Improvement and Innovations Group

Center for Clinical Standards and Quality

Centers for Medicare & Medicaid Services

Agenda

- Introduction
- Today's topic: **Preventing and Reducing Workplace Violence**
- Presenters:
 - **Jen Murphy**, Senior Consultant, Health Quality Innovators
 - **Mary Ann Fuchs**, SVP, Chief Nurse Executive, Centra Health
 - **Matthew Exley**, Director of Employee and Public Safety, Evangelical Community Hospital
- Open discussion
- Closing remarks

As You Listen, Ponder...

- What impactful actions can you take as a result of the information shared today?
- How are you able to increase engagement within your facilities to ensure a true change in patient safety?
- Based on what you heard today, what activities do you currently have underway that can leverage immediate action over the next 30, 60 or 90 days?

Meet Your Speakers



Jen Murphy, MHA, CPPS
Senior Consultant
Health Quality Innovators



Mary Ann Fuchs,
DNP, RN, NEA-BC, FAAN
SVP, Chief Nurse Executive
Centra Health
Chair of American Hospital
Association's Hospitals Against
Violence (HAV) Advisory Group



Matthew Exley, CHSS
Director of Employee and Public
Safety
Evangelical Community Hospital



Health Quality Innovation Network

Preventing and Reducing Workplace Violence

Health Quality Innovators

Jen Murphy, MHA, CPPS, Senior Consultant



HQI Workplace Violence Efforts

1

Analysis of data from environmental scan.

2

Developed an organizational assessment tool.

3

3-part educational webinar series featuring AHA and HQIC hospitals.

4

Affinity group focused on assessment, data, and action planning.

Organizational Self-Assessment

- Leadership support
- Policies and procedures
- Data collection and analysis
- Education and training
- Support for employees

Workplace Violence (WPV) Prevention Program
Organization Self-Assessment

HCIN
Health Quality Innovation Network

Complete each field below to assess your organization's current efforts towards workplace violence prevention and reduction.

Question Check the "Y" box to designate Yes Check the "NI" box to designate if the area Needs Improvement	Y	NI	Comments
Has your board/governing body established workplace violence as an organizational priority?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your organization have an interdisciplinary committee to address workplace violence prevention? If yes, which of the following roles are represented on your committee? <input type="checkbox"/> Senior/C-suite chair <input type="checkbox"/> Security <input type="checkbox"/> Physician champion(s) <input type="checkbox"/> Nursing <input type="checkbox"/> Pharmacy <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Diversity, Equity, Inclusion (DEI) or Health Equity <input type="checkbox"/> Human Resources <input type="checkbox"/> IT/IS <input type="checkbox"/> Quality and Patient Safety <input type="checkbox"/> Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	
Does your organization have an evidence-based policy regarding workplace violence? If yes, is the policy a zero-tolerance policy?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your organization routinely conduct threat assessments of the environment, including off-campus and outpatient areas?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your organization set goals and track metrics related to the reduction of workplace violence? If yes, which of the following are included? <input type="checkbox"/> OSHA DART related to WPV incidents <input type="checkbox"/> Total number of workplace violence event reports <input type="checkbox"/> Number of WPV incidents by category <input type="checkbox"/> Employee/provider attrition due to WPV <input type="checkbox"/> Number of staff trained <input type="checkbox"/> Panic button/security alert activations <input type="checkbox"/> Other (please specify in comments)	<input type="checkbox"/>	<input type="checkbox"/>	



Resources

- [Preventing and Reducing Workplace Violence Webinars](#)
- [Workplace Violence Organizational Assessment](#)



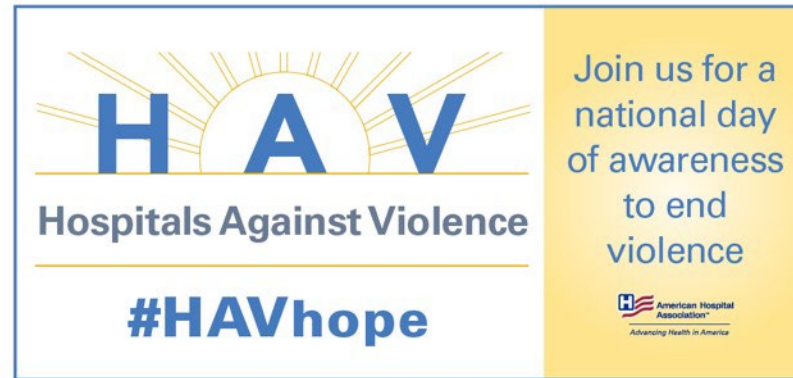
Advancing Health in America



Hospitals Against Violence

Mary Ann Fuchs, DNP, RN, NEA-BC, FAAN

Hospitals Against Violence



In 2016, the AHA's Hospital Against Violence (HAV) initiative was created in recognition of the **growing public health threat posed by violence**. HAV supports AHA members and the health care field as they work to combat workplace and community violence by:



Providing
educational
offerings, tools and
resources



Identifying
national
partnerships or
coalitions



Supporting data
and information
collection and
research

Community Violence

- Combating Human Trafficking
- Gun Violence Prevention
- Mass Violence Incidents

Workforce and Workplace Violence Prevention

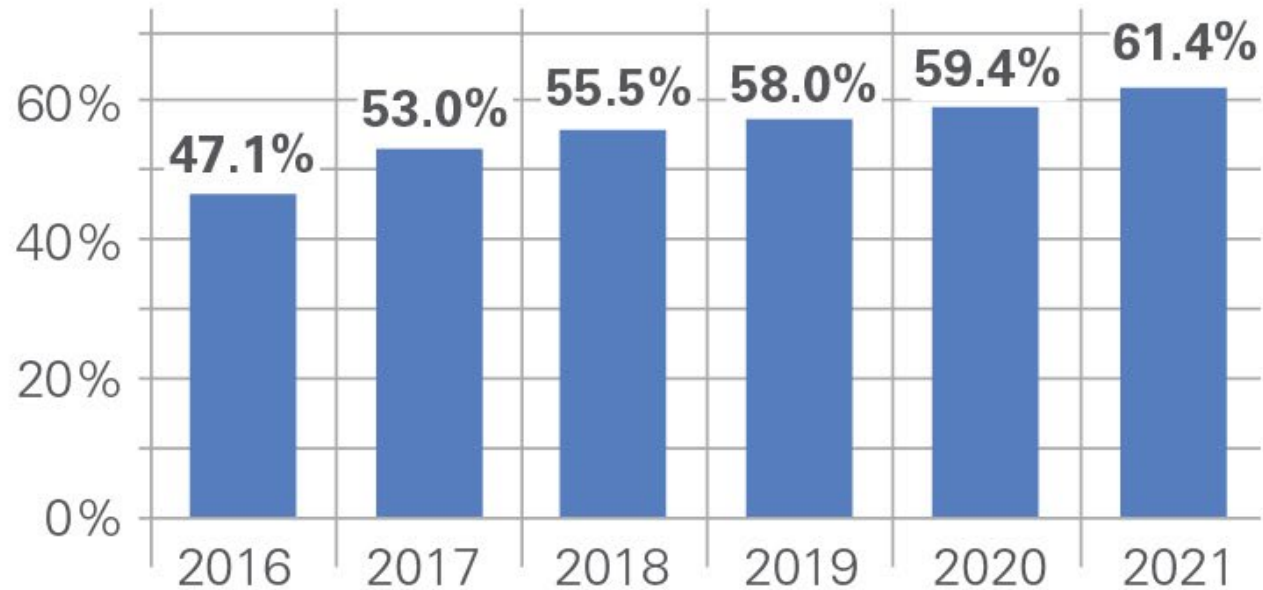
- Culture of Safety
- Mitigating Risk
- Violence Intervention
- Trauma Support

AHA 2023 Advocacy Agenda

Providing a Safe Environment to Care

- ◆ **Enhance workplace safety for all team members, including by enacting federal protections for health care workers against violence and intimidation**, and providing hospital grant funding for violence prevention training programs, coordination with state and local law enforcement, and physical plant improvements.

Workplace violence prevention initiatives at U.S. hospitals and health systems



Source: American Hospital Association Annual Survey, 2016 - 2021.

H A V
Hospitals Against Violence

#HAVhope

A national day
of awareness
to end violence

Building a Safe Workplace and Community

A Framework for Hospital and Health System Leadership

AHA's Hospitals Against Violence framework helps guide hospital and health system leadership address the issues of violence in their workplaces, with an emphasis on educating and protecting the workforce. In this effort, we must acknowledge that community violence encroaches into the health care setting, and our workforce is part of the community.

Leadership should push for greater data collection, collective accountability, and ongoing education and training. With this approach, we can achieve the four pillars necessary for implementing a comprehensive violence mitigation strategy: trauma support, violence intervention, culture of safety and mitigating risk.



To learn more about the AHA's Hospitals Against Violence initiative, visit www.aha.org/HAV.



Foster safety for your **workforce**, in your **workplace** and in your **community**.

HAV Framework

Building a Safe Workplace

Mitigating the Risk of Violence

The American Hospital Association's Hospitals Against Violence (HAV) hosted the American Society for Health Care Risk Management (AS) facilitated dialogue to explore the challenges and strategies currently in place to mitigate the risk of violence in hospitals and health systems. The dialogue fostered the exchange of ideas and proven solutions to inform this series of case studies and tools.

Building a Safe Workplace and Community

Providing Trauma Support to Your Workforce Following an Incident or Threat of Violence



Toolkit for Mitigating Violence in the Workplace



Guiding Principles

1. Organizations should use **evidence-based strategies** to address all aspects of workplace violence.
2. Address workplace violence with **comprehensive solutions** from establishing a zero-tolerance workplace to recognizing the intersecting layers of intrusive, consumer, relational and organizational violence.
3. Mitigate workplace violence by **establishing support** from human resources, nursing staff, legal services, security, risk management and other areas of staffing support.
4. **Promote a culture of safety** to create a healthy work environment, which leads to improved job satisfaction, less absenteeism, reduced turnover and nurse retention.
5. Effective workplace violence prevention requires **commitment and action from interprofessional teams** including leadership, staff, patients and visitors.
6. **Everyone in the organization is accountable** for upholding foundational standards of non-violent behavior, regardless of position or discipline.
7. Encourage the health care team to **identify and address violence in the workplace**.
8. **Create a culture of nonviolence** through intention, commitment and collaboration from everyone in an organization.
9. **Address workplace violence** to increase the effectiveness of nurse-delivered care and patient care experience.

https://www.aonl.org/system/files/media/file/2022/10/AONL-ENA_workplace_guiding_principles.pdf

Creating Safer Workplaces

A guide to mitigating violence in health care settings

A collaboration between the American Hospital Association (AHA) and the International Association for Healthcare Security and Safety (IAHSS) to recommend action steps for hospital leaders to build a safer workplace.



Creating Safer Workplaces: Safety Strategies that Worked

January 2022

Security Measures Elevated at Norton Children's Hospital

Keeping staff safe from aggressive patients and visitors is top of mind at Louisville, Ky.-based Norton Children's Hospital.

When behavioral health admissions and visitor aggression increased, all staff, including physicians and security officers, were trained on verbal de-escalation strategies. A core group of individuals were also educated on nonviolent crisis intervention. Leaders minimized possible entry points, stationed security officers at locations that remained open and screened visitors more thoroughly. They also stopped a practice in all care areas to promote an environment of mutual respect and being kind. More security officers were hired, and rounding increased throughout the hospital, outdoor campus and garage.

Security officers underwent additional training and are now armed and educated to safely use Tasers, which has helped them to de-escalate certain incidents. For example, when a patient recently charged at a staff member with a knife, a security officer quickly used a Taser on the patient to safely stop the attack.

"This allowed us to take the knife for safe the patient to a safer environment and protect the patient and staff," said the president and chief nursing officer at Norton Children's Hospital.

"Our emergency department staff will be parents acting out and experience less aggression. The police officer rounds that we are doing are also helpful."

For more information, contact Jill Mack, vice president of hospital safety, at 502-420-2222.



Creating Safer Workplaces: Safety Strategies that Worked

January 2022

Building a Culture of Safety with Peer-to-Peer Support at CHI Health

From 2019 to 2020, Omaha, Neb.-based CHI Health reduced staff assaults resulting in injury by 50%.

A multidisciplinary leadership team worked with a workplace violence prevention expert for 18 months to complete a gap analysis of hospital-wide safety goals. The team identified its progress against best practices captured by the Emergency Nurses Association, National Healthcare Association, Occupational Safety and Health Administration, and the Centers for Disease Control and Prevention.

"The gratitude from the process was impressive to each participant," said Laine Herzig, CHI Health patient safety and risk manager. "We had a great learning experience and know we are doing important work that will impact outcomes."

Safety leaders used an incident reporting system to identify opportunities for improvement. By aggregating and then analyzing safety reporting data, leaders learned that acute care and emergency department staff needed de-escalation and basic self-defense training, which the health system now provides. They have trained acute care staff to respond to assaults as a team.

Leaders also created an intensive post-assault management process, which involves regular follow-up with assault survivors. Staff log an attack, all attacks on staff and complete zero reviews. Leaders train staff to expect on-site peer support, providing staff with scripted questions to help manage sensitive conversations.

After surveying staff who experienced assault, safety leaders learned that survivors generally preferred to converse with colleagues over other self-care approaches.

"I don't feel I have much time to take space to use self-care tools while I am working," one assault survivor commented. "I generally rely on the positive relationships I have with my co-workers to vent or to have a moment of laughter when I need to decompress."

Leaders responded by implementing a peer-to-peer support program, "Stress Free Aid," modeled after a template developed by the U.S. Department of Veterans Affairs and adapted by Schwartz Center Rounds for Healthcare. CHI Health leaders are currently recruiting peer champions to participate in the program.

Safety leaders also studied violence manuals and partnered with a behavioral health wellness coordinator to increase how staff responded to violence in the long term. They adopted a workplace violence prevention policy and applied an incident reporting identification system specific to workplace violence.

Leaders also posted signs in public areas emphasizing the system's intolerance for violence, which has already resulted in "a significant decrease in courtroom" in the system's Des Moines, Iowa, facility.

"Addressing the aspects takes time, and insurance," said Herzig. "Education remains our barrier due to resources, funds and endurance."



Lisa Schaeffer, president of CHI Health

Creating Safer Workplaces: Safety Strategies that Worked

January 2022

Changing Perceptions About Safety Event Reporting at Advocate Aurora Health

Advocate Aurora Health, dual headquartered in Milwaukee, Wis., and Colorado Springs, Colo., made event reporting a top priority by recognizing it as a strategic organizational goal. Staff developed an internal form via a standardized safety event reporting data and compare incident levels to each as a number of reported safety events across business lines, medical groups and more departments throughout 100-day periods. This framework helped leaders create and follow safety objectives, further enhancing its culture.

To achieve this, staff had to overcome negative perceptions around safety event reporting.

"Event reporting has historically been considered a form of a write-up," said Eric Lindgren, Advocate Aurora Health safety leader. "Therefore, team members were afraid reporting safety events was like taking."

Advocate Aurora's executive leadership combated the line of thinking by consistently promoting and marketing event reporting as an opportunity to identify about safety threats.

"Rather than middle management trying to convince executive leaders as well as their direct reports to report and be honest, our executive leaders led through the training of staff."

Chief nursing officer, said the organization's integrating work team built a workplace violence prevention program from safety and specific multidisciplinary communication responsibilities of team members, including team members.

Leaders made a strong business case for workplace violence prevention, decreased engagement metrics also had a workforce and into the overall safety program. Increased reporting led to open conversations with staff.

Lindgren, current vice president, said the program is a key to safety at Advocate Aurora Health.



David E. Smith, police officer Advocate Aurora Health

Creating Safer Workplaces: Safety Strategies that Worked

January 2022

Strict Entry Procedures at St. Joseph's Hospital of Buckhannon in W.Va.

In 2019, leaders at St. Joseph's Hospital of Buckhannon in West Virginia, a critical access hospital, realized they needed to strengthen their security presence and add safety controls to their facility. This need came to a head when a patient slashed his own wrists with a knife during an emergency room (ER) visit and in front of a nurse. This was traumatic to that nurse and troubling for the entire staff.

"He could have just as easily lunged at the nurse," said St. Joseph's President Skip Gjolberg. "This event caused us to reassess the safety of our staff and patients."

In response, the organization doubled its safety team, adding security officers among other staff. While Gjolberg said that convincing him and other leaders to spend more money "took some work," it was worth it.

As a result of the investment, security staff monitor the facility and grounds 24/7. Two security officers are on duty during each hospital shift, with one dedicated to monitoring the ER entrance. Leaders also added extra security cameras and security lock boxes outside hospital entrances, where local law enforcement and fire department officers can access keys to the facility, maps of the building, badges and other necessary items in case of emergencies.

In addition to the extra security, leaders implemented a workplace violence training program called AWADE (Awareness, Vigilance, Avoidance, Defense and Escape/Environment), to educate staff and security officers on de-escalation techniques.

Leaders also train security officers on how to use gel-based pepper spray — aerosol spray can infiltrate the ventilation system — and handcuffs. The officers do not use firearms or stun guns.

In 2020, leaders limited access to the building, requiring badges or codes for visitors, patients and staff at all entry points. They ordered the front lobby closed after 5 p.m., when visitors and patients must enter through the ER entrance. This area features a controlled access door that requires an additional badge or access code.

Leaders also regularly survey staff about their safety concerns and address those worries on a consistent basis. Gjolberg said these measures have improved the security of the facility and the safety of patients and staff.

"[Staff] feel more confident in their duties, and they just feel safe in at the hospital itself," Gjolberg said. "Just walking out to the parking lot at night and knowing that there's security present" makes a difference.



Security team at St. Joseph's Hospital

Workforce Navigation Guide



SECTION 1

SUPPORTING THE TEAM



- Chapter 3: Workplace Violence Prevention released June 2022
- The HAV advisory group, framework, AHA-IAHSS guide, case studies and other key stakeholder discussions informed the “top takeaways”

According to the U.S. Department of Labor, the health care and social services field experiences the highest rates of injuries caused by workplace violence, jeopardizing their ability to care for their communities.

Even before the COVID-19 pandemic, hospitals and health system teams experienced violence, from bullying and incivility to active shooters, intimate partner violence, cyberattacks, homicides and suicides. However, the compounding trauma of the pandemic has heightened the need to create a safer workplace, both physically and psychologically, and a more resilient workforce.

Considerations for hospital and health system leaders

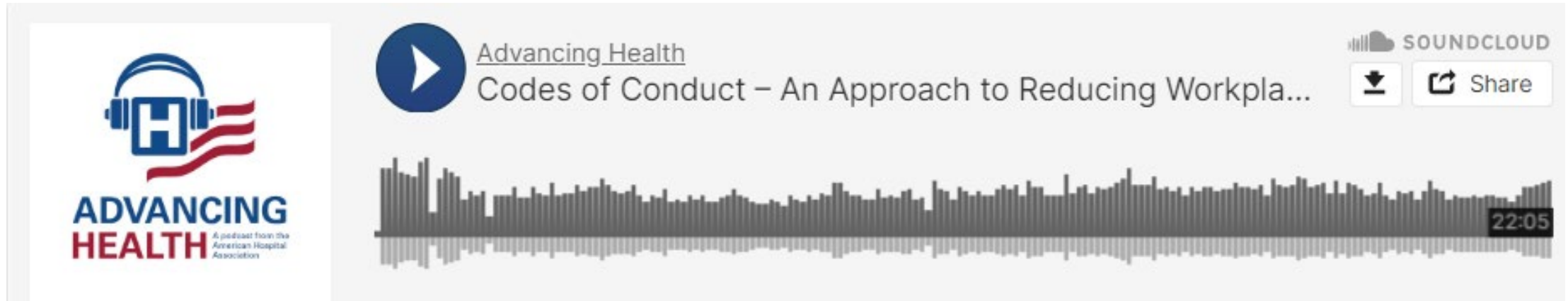
As you identify and assess violence prevention initiatives at your organization, consider the various roles, such as security leaders, clinical and administrative leads, patient advocates and community workers, which contribute to creating a culture of safety. Ensure that these roles are part of discussions to identify resources to improve safety, connections to existing programs and implementation of violence mitigation efforts. Workforce safety should be part of your organization's overall safety program with the goal of creating a safe environment for all.



Top Takeaways for CEOs

- 1 Create a culture of safety by prioritizing physical and psychological safety of your workforce and the patients they serve.
- 2 Focus on prevention by regularly assessing vulnerabilities, supporting violence prevention programs, encouraging reporting, and prioritizing education and training for your workforce.
- 3 Support those experiencing trauma due to violence and recognize that trauma can impact those not directly involved with dangerous events.

Codes of Conduct Podcast



Last year, Massachusetts health care workers faced a threat, verbal abuse or a physical assault every 38 minutes on average. A report on the situation summarized it with one word: untenable. The report also recommended a new patient and visitor Code of Conduct to help promote a safe and respectful environment.

STATEWIDE PATIENT and FAMILY CODE OF CONDUCT POLICY

Exceptional patient care requires a safe, supportive, inclusive, equitable and respectful environment that involves a commitment by patients, hospital staff, families, and visitors to maintain such an environment.

Behavior that interferes with the delivery of healthcare or creates an unsafe and disrespectful environment is unacceptable.

Connecticut hospitals and health systems will not tolerate actions that intentionally disrupt any healthcare environment, including inpatient, outpatient, office-based, and home care settings. Such actions include:

- Aggressive or violent behavior, such as physical assaults, threats (verbal and non-verbal), or abusive language
- Discriminatory language
- Language or actions that may be perceived as sexual harassment
- The possession of weapons of any kind in hospital or health system facilities

The safety of patients and staff are a top priority of Connecticut hospitals. Behavior that jeopardizes their safety may result in potential consequences, including being asked to leave the facility.

This policy was developed at the direction of the Connecticut Hospital Association (CHA) Workforce Sustainability Task Force by the Workplace Violence Prevention Work Group. It was approved by the CHA Board of Trustees on October 4, 2023.



cthosp.org



Connecticut Hospital Association



@connecticuthospitalassociation



@cthospitalassociation



MHA Member United Code of Conduct Principles

Approved by the Board of Trustees on January 26, 2023

Promotion of a Safe and Respectful Environment

- I. Healthcare organizations are committed to uphold a Code of Conduct to maintain a safe, inclusive, equitable, and respectful environment for patients, staff, and visitors.
- II. Healthcare organizations commit to the creation of policies and practices that promote the protection of staff, patients, and visitors.
- III. A safe environment promotes patient, visitor, and staff safety.
- IV. Offensive, abusive, or discriminatory language or behavior undermines the safety of patients and staff.

Code of Conduct Violations Could Include, but Are Not Limited to:

- I. Disrespectful, aggressive, abusive, or violent behaviors or actions towards staff, patients, and visitors.
- II. Threatening, discriminatory, bullying, disrespectful, or offensive language towards staff, patients, and visitors.
- III. Possession of weapons or firearms.
- IV. Disruption of other patients' care or experience.
- V. Taking photos or videos of patients, visitors, and/or staff without permission.

Potential Consequences

All violations will be addressed by hospital staff per the organization's policies and procedures.

- I. Patients violating the code of conduct may be asked to continue their care plan elsewhere and their future ability to obtain non-emergent care at the facility may require further review.
- II. Anyone found violating the code of conduct may be asked to leave and future visits may be restricted.
- III. The hospital may report violations of personal conduct to appropriate authorities.

Maintenance of Code of Conduct

- I. Alert members of your care team if you witness or are a victim of behaviors or actions that violate the Code of Conduct.
- II. Retaliation for reporting a violation is prohibited.
- III. Staff will report all observed or experienced violations of the Code of Conduct to the appropriate individual or offices per the organization's violence prevention policy.

Collaboration with the FBI's Behavioral Analysis Unit



Advancing Health · Assessing Threats of Violence to Hospitals With the FBI

John Riggi, AHA national advisory on cybersecurity and risk, hosted a podcast with **Karie Gibson, Psy.D.**, unit section chief of FBI's Behavioral Analysis Unit-1 and the Behavioral Threat Assessment Center.

<https://www.aha.org/news/headline/2023-09-20-aha-podcast-fbi-approach-violence-prevention-health-care>

Hospitals Against Violence

Facility Safety and Security in Health Care Webinar

This webinar explores facility safety and security strategies and the technologies that aim to mitigate workforce and workplace violence.

Learn about new and innovative approaches to prevent targeted violence, improve physical and psychological safety and increase collaboration with law enforcement.

<https://www.aha.org/education-events/facility-safety-and-security-health-care>

The logo features the letters 'H', 'A', and 'V' in a bold, blue, sans-serif font. The letter 'A' is positioned in front of a stylized sun with yellow rays extending upwards and outwards. A thin yellow horizontal line is positioned below the letters.

Hospitals Against Violence

#HAVhope

Join us for a
national
day of awareness
to end violence



**Join us June 7, 2024, for
#HAVhope Friday: National Day of Awareness to
End Violence**

ALL IN DIGITAL



EVANGELICAL[™]
COMMUNITY HOSPITAL



SAFE
TO CARE

MATTHEW EXLEY, CHSS

**DIRECTOR
EMPLOYEE AND PUBLIC SAFETY**

DEVELOPING A WORKPLACE VIOLENCE
PROGRAM

Why Safe to Care?

Healthcare workers face significant risks of job-related violence



While under **20%** of all workplace injuries happen to healthcare workers...

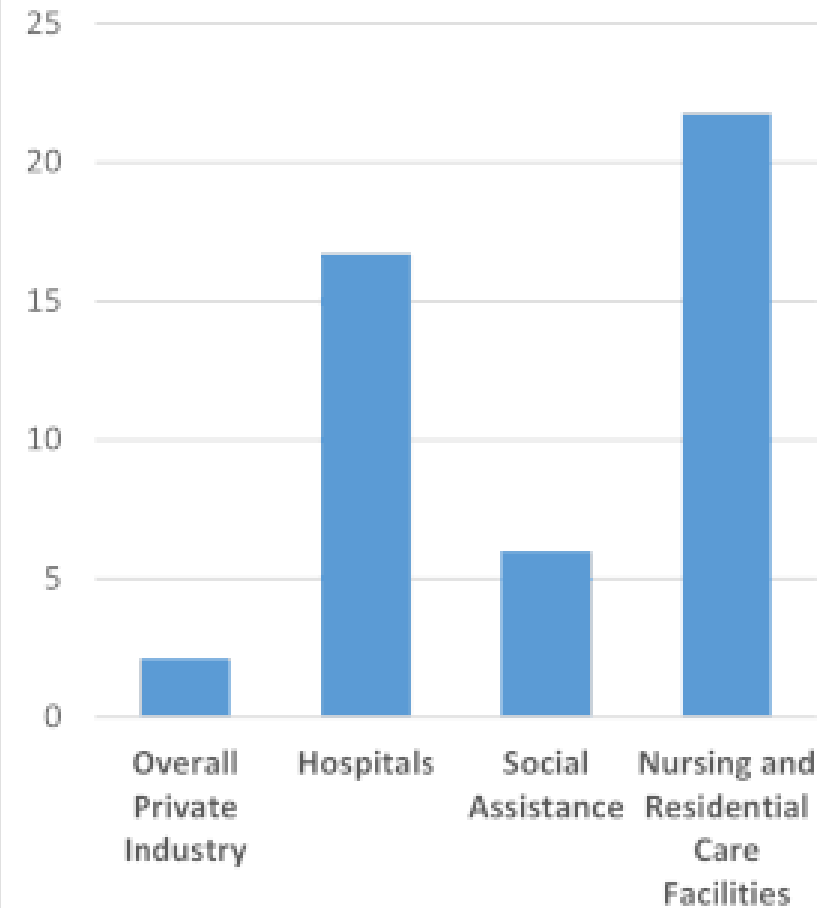


Healthcare workers suffer **50%** of all assaults.

Source: Bureau of Labor Statistics

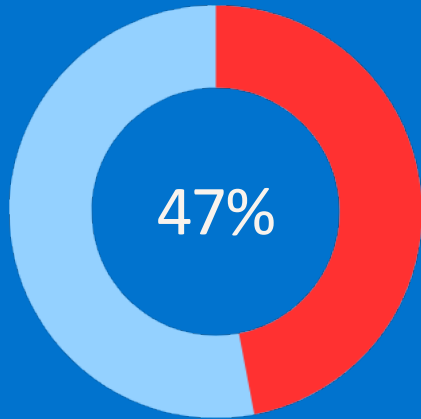
Incidence rates for nonfatal assaults and violent acts by industry, 2020

Incidence rate per 10,000 full-time workers



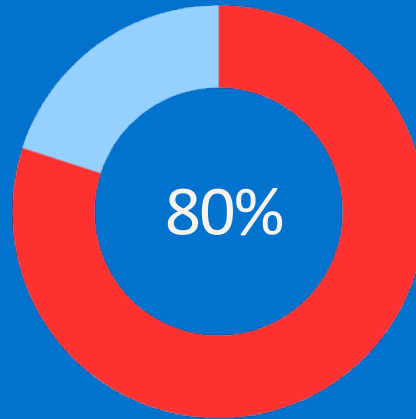


The Extent of the Problem



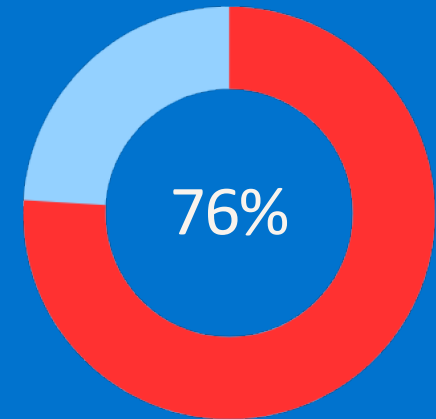
EMERGENCY PHYSICIANS

Report that they've been assaulted in the Emergency Department



NURSES

Say they don't feel safe at work



NURSES

Said their decision to report would be based on whether the patient was perceived as being responsible for their action

The Challenge of Underreporting

**“IT’S JUST PART OF
THE JOB” / VICTIM
BLAMING**

**FREQUENCY
OF VIOLENCE**

**POOR POLICIES,
PROCEDURES,
TRAINING, SUPPORTS**

**LACK OF
RESPONSE**

**COMPLEX
REPORTING
PROCEDURES**

**LACK OF PEER/
MANAGEMENT SUPPORT**

Coffee With Kendra

**Employees meet with
Kendra Aucker, CEO and
President of Evangelical
Community Hospital in
groups of 8-10 employees
yearly.**



These small group sessions are designed for open, honest conversation with Kendra about what is going well at Evangelical and identifying opportunities to become even better.



Workplace Violence Reduction Plan



**STAFF
TRAINING**



**SECURITY
REBRAND**



**POLICIES/
COMMS**



EQUIPMENT



K-9 PROGRAM



OUTREACH

Staff Training

THE KEY TO OUR SUCCESS

- **AVADE Workplace Violence Prevention Training**
 - **All Staff - Level dependent on work assignment**
- **In-house produced situational awareness video**
- **Improved restraint training**
- **Commitment to training**



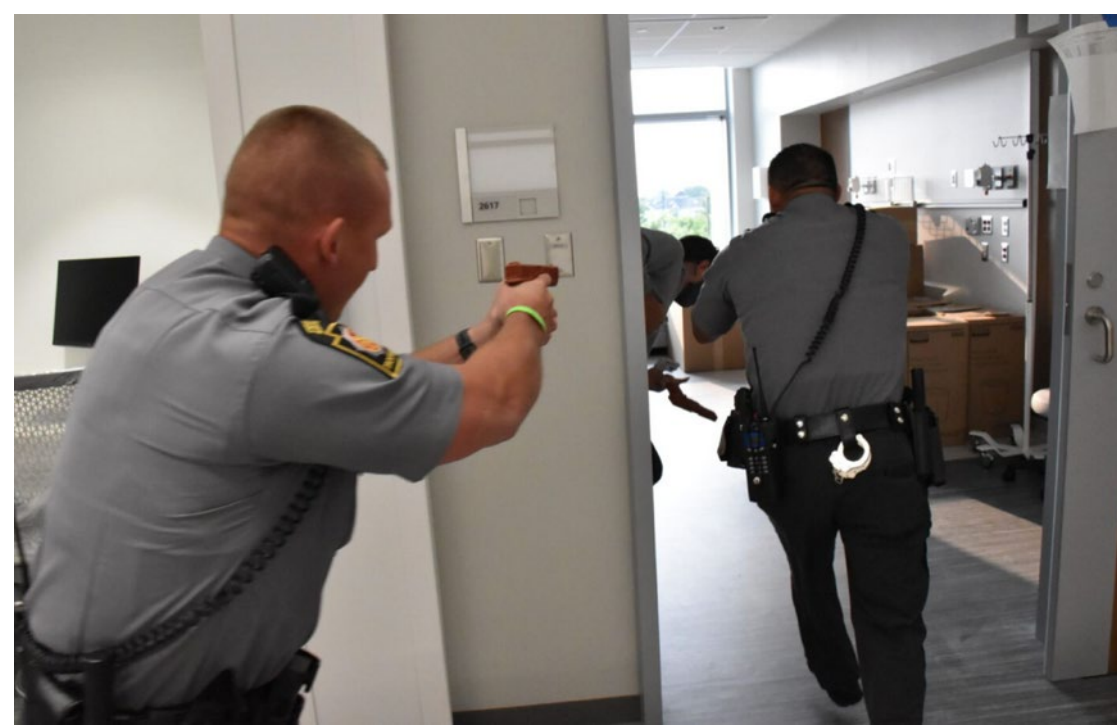
Staff Training

**THE KEY TO OUR
SUCCESS**

- **Tabletop Exercises**
- **Full Scale Exercises**
- **Envelope Drills**



“NO FAULT Exercises”



Security Rebrand

REAFFIRMING OUR MISSION

- **“They’re only security”**
- **Multi-mission expectations**
- **Professionalism / Identity**
- **State of the art equipment**
- **All Officers IAHS Certified**
- **Program of Distinction Application**



Security Rebrand

REAFFIRMING OUR MISSION

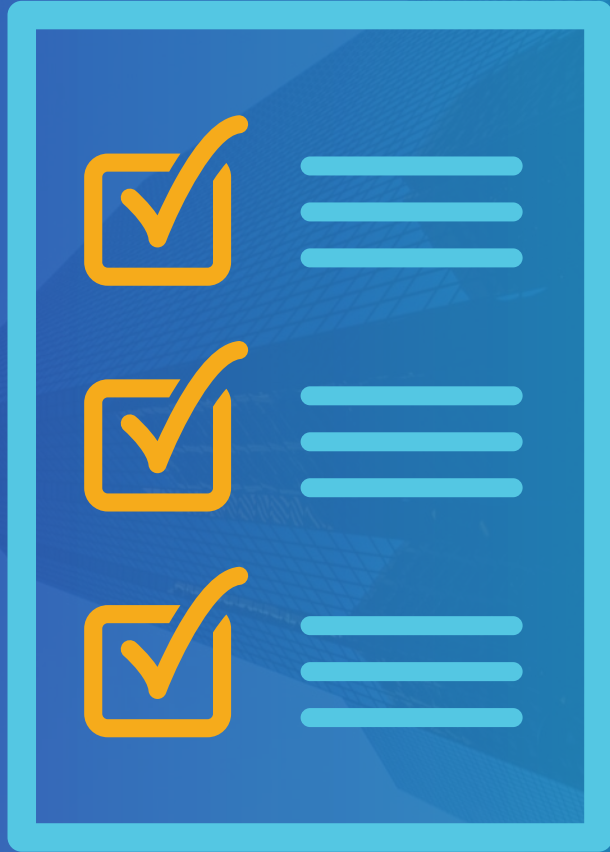


- **Ambassador First - Security Second**
- **City/Neighborhood Concept**
 - **The campus is its own city**
 - **Each unit/department is a unique neighborhood**
 - **Community-oriented patrols**

Policies / Communications

SETTING EXPECTATIONS

- **Patient/Visitor Code of Conduct**
- **Lockdown Policy Revision**
- **Aggressive/Behavioral Health Policy**
 - **Nursing**
 - **Hospitalist**
 - **Care Coordination**
 - **Public Safety**
 - **Emergency Department**
 - **Critical Care**
- **Workplace Violence Policy Revision**
- **No “Zero-Tolerance” Messaging**
- **Staff Townhalls**



ATTENTION

Visitors and Guests

Evangelical Community Hospital supports a safe, caring, and secure environment for everyone. Aggressive and disruptive behavior will not be tolerated here.

Please refrain from:

- Verbal harassment
- Bullying
- Physical assault
- Foul language
- Inappropriate touching
- Threats or intimidation
- Sexually explicit comments or suggestions
- Interfering with staff providing care and services
- Unauthorized video or audio recording of patients or staff
- Destruction or damage of Hospital property
- Possession of weapons of any kind

Be informed that assaulting a health care professional is a felony. Visitor privileges can be revoked, and visitors can be removed from campus.



Policies / Communications

SETTING EXPECTATIONS

Why Joe is no Longer Welcome Here

Joe was frustrated.
He yelled at an employee, calling him stupid.

Now he can't visit his aunt anymore.

Evangelical Community Hospital is committed to providing a respectful environment for everyone.

Verbal abuse will not be tolerated.





Equipment

THE RIGHT TOOLS FOR THE JOB

- **Replacing Video/Access Control System**
 - **Artificial Intelligence/Facial Recognition**
- **Midmark/Staff Duress Buttons**
- **RAVE Communications Platform**
 - **Guardian**
- **Omnigo Reporting System**
- **Evidence/Property Room**
- **Bullet/stab/slash resistant vest - Mandatory Wear**
- **Motorola ION Radios**



Inbox



Guardians



Safety Timer



Send a Tip



Call Campus Safety



Call 9-1-1



Me



My Safety Timer

6:57 PM

00:11:04



Rachel Entered Duress PIN

6:53 PM

Rachel deactivated their Safety Timer under duress. Please check on Rachel.



Tip Response

6:04 PM

Campus Safety has responded to your tip.



Gabriel's Safety Timer

5:58 PM

00:19:11

Heading home from library, stopping at market first.



Beth Made Emergency Call

4:47 PM

Beth made an Emergency Call to [Domain Name].



Cindy's Safety Timer

Yesterday

Cindy successfully deactivated the Safety



Beth Johnson

Phone: 555-555-5555

Safety Timer: IN PROGRESS



Call

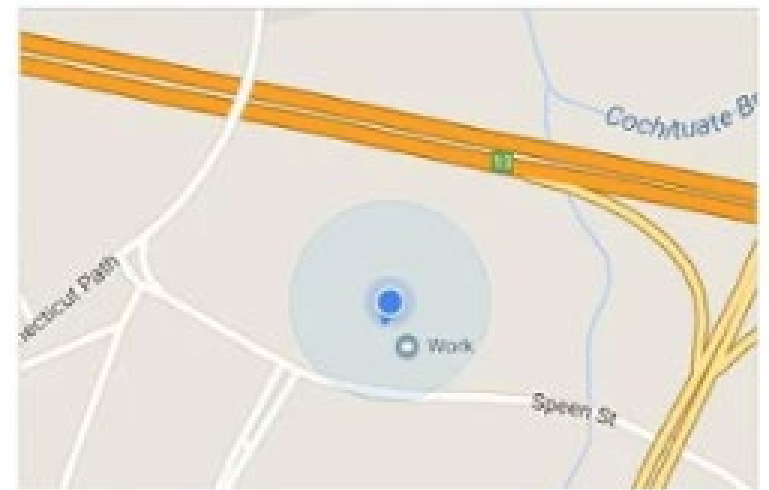


Text

Safety Timer

00:11:04

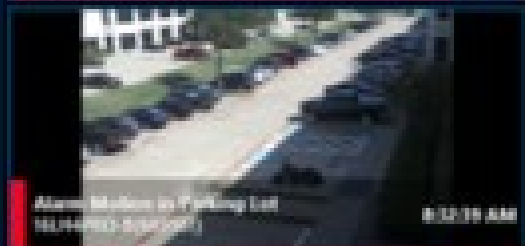
Map



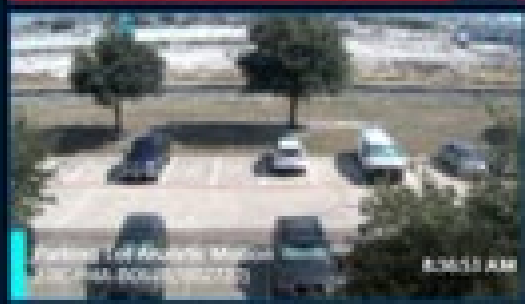
Recent Events



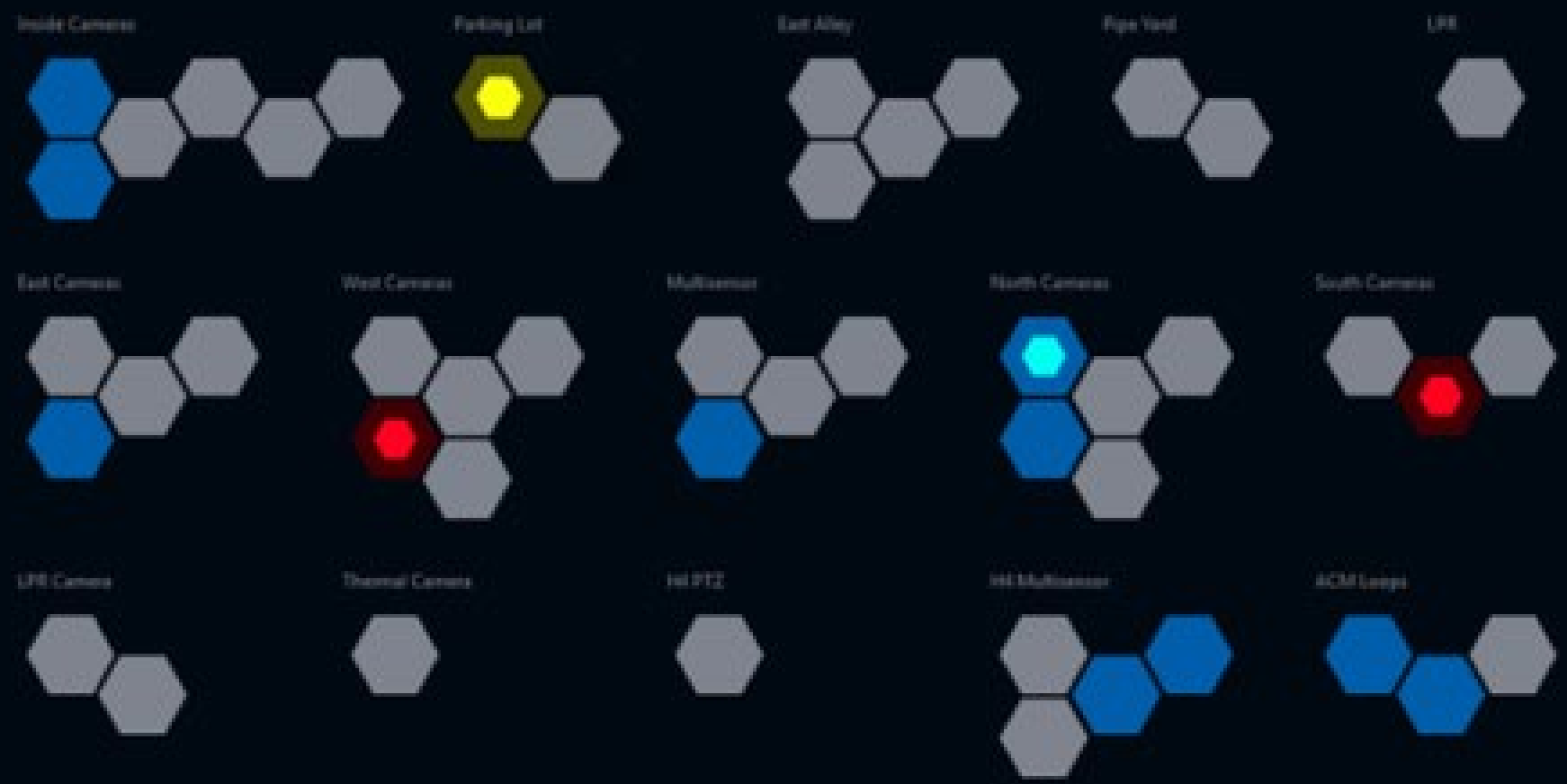
South Parking Lot Motion [Ack]



Motion in Parking Lot [Ack]



Overview



K-9 Program

After seeing the success of hospitals across the country like Geisinger, Evangelical is moving towards adding a K-9 to our team.

Our research indicates that in hospitals with a K-9, the dog is the #1 most effective de-escalation tool.



“The presence of that canine unit diminished violence by upwards of 80%. Two years after, there’s a steady decline in the number of staff members quitting and an increase in the hospitals’ ability to hire and retain new staff,” - Mike Dunning



COUNTY of UNION

PENNSYLVANIA

DISTRICT ATTORNEY



OUTREACH

- **People outside of the field don't understand what happens within these walls**
- **Patrol Officers may not always be your best resource**
- **Establish relationships and expectations**
- **Discussions with administration**
- **Consistent response/charging of crimes**
- **Monitor status of cases for accuracy**
- **Improve chain of custody**
- **BOP - Familiarization training**

What's Next?



ACT 235 CERTIFICATION

- **In 2016, a PSP RVAT team recommended security be armed with firearms**
- **Internal committee elected for Tasers**
- **Environment has changed**



PA 501

- **Due to the unique nature of healthcare violence, external law enforcement is not always able to provide the most consistent response to crimes on campus**
- **Internal police may increase compliance and reduce burden on external law enforcement**
- **Much research needed due to lack of standards**



ASSESSMENTS

- **Ongoing Assessments of External Facilities**
- **Public Safety now attending expansion/remodel meetings from day one.**
- **Public Safety now assesses all capital projects**
- **Yearly vulnerability and risk assessments - on-campus and external offices**

THANK YOU



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As You Listen, Ponder...

- What impactful actions can you take as a result of the information shared today?
- How are you able to increase engagement within your facilities to ensure a true change in patient safety?
- Based on what you heard today, what activities do you currently have underway that can leverage immediate action over the next 30, 60 or 90 days?

Final Thoughts

Join Us for the Next Community of Practice Call!



Join us for the next
Community of Practice Call on March 14, 2024
from 1:00 – 2:00 p.m. ET

We invite you to register at the following link:
https://zoom.us/webinar/register/WN_ASI_I3p_TEyX_VY_YYFFeA

You will receive a confirmation email with login details.

Thank You!



Your opinion is valuable to us. Please take 4 minutes to complete the [post assessment](#).

We will use the information you provide to improve future events.