

# Workplace Violence Prevention Strategies to Protect

## Patients, Caregivers, and Visitors



Illinois Health and Hospital Association

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*Your trusted voice and resource*



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# OSHA, TJC, DPH... Call for Action to Reduce WPV Against Healthcare Workers

- ❖ >75% of workplace assaults occurred in Healthcare and Social Service settings (OSHA).
- ❖ >1 in 3 nurses has been physically assaulted by a patient or a patient's family member (ANA).
  - "I've been threatened by patients and their families..."
  - "I've been bitten, scratched, punched, items thrown at me..."
  - "...Surgeon General's Advisory highlights the urgent need to address the health worker burnout crisis..."
- **Because...it is a person NOT a number!!!**



# How Mental Health has Impacted WPV and How WPV has impacted Mental Health

## Patient Mental Health Factors:

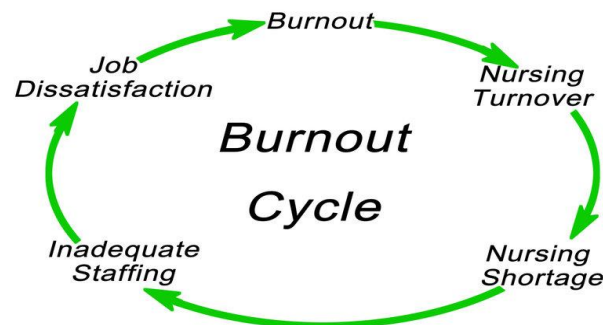
- ✓ Lack of mental health resources, substance abuse, **domestic violence**
- ✓ Increased Stress>frustration>anger>anxiety>pain
- ✓ Service expectations, treatment delays

**Workplace Violence Event**



## Affects the Mental Health of Physicians, Nurses, and Care Support

- ✓ Stress>fear>mistrust>disheartened>moral injury
- ✓ Physically-mentally exhausted and frustrated – affecting personal life.
- ✓ Hero to Zero...**Mental Long Haulers???**



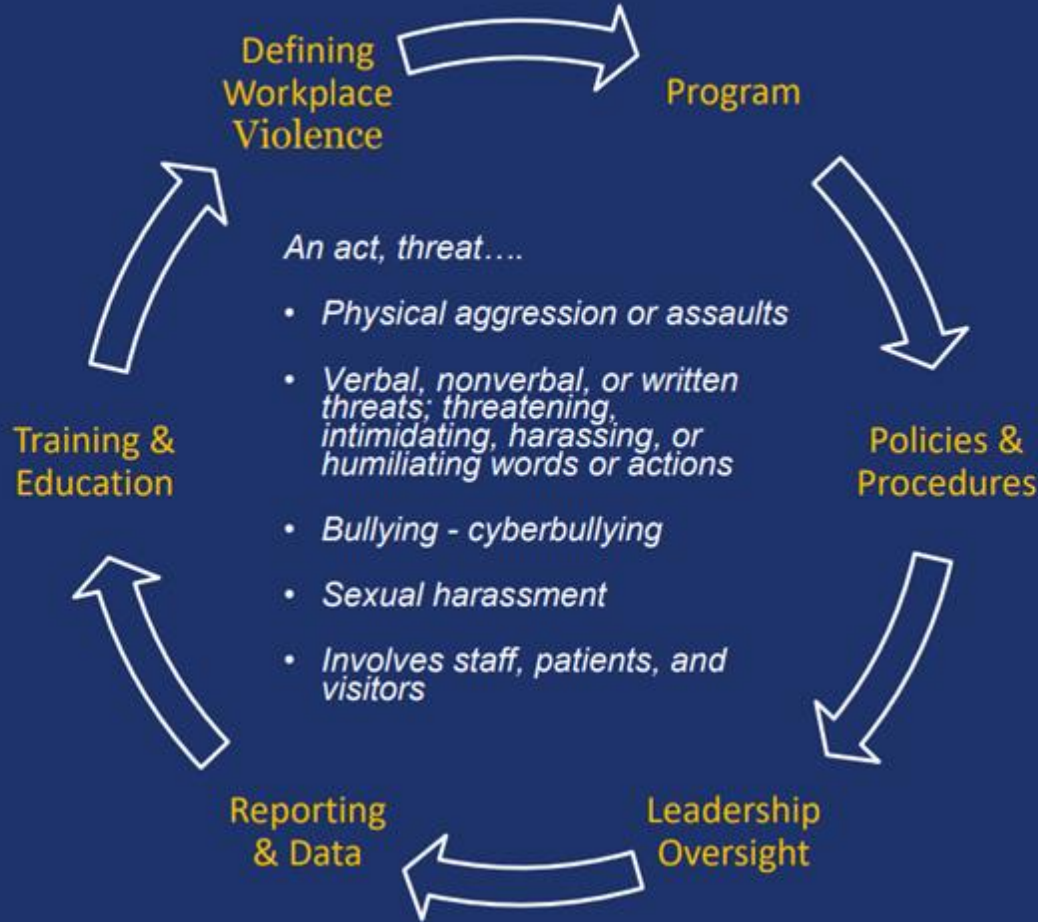
# WPVP Culture, Program, and Process

## Diffusing Volatile Situations



# Develop a Five Phase WPV Prevention (WPVP) Program including OSHA and TJC Standards

## What is the Scope of Workplace Violence?



# WPVP 5 Phase Program

## **Phase 1:** Organizational Culture

- a. Safe and Just Culture
- b. WPVP Program Development and Management
- c. Culture of Diversity, Equity, and Inclusion

## **Phase 2:** The hospital manages safety and security risks

- a. Gap Analysis
- b. Data Management

## **Phase 3:** WPVP Training Programs

## **Phase 4:** Implement the WPVP Program: Tools, processes, and resources

## **Phase 5:** Caring for our Caregivers



# Phase 1

Leaders create and maintain a culture of safety and quality throughout the hospital

LD.03.01.01

EP 9



**The WPVP program should be led by a designated individual and managed by a multidisciplinary team:**

- All written Programs: Policies, procedures, processes, forms...
- Process to analyze-trend the data and report to Leadership and the Governing Body (Board).
- Process to support victims and witnesses.
- **We recommend all programs be:**

**Standardized**

**Formalized**

**Highly Structured**



## ***WPV: Send the Message:***

***Know the True Definition:*** WPV > Verbal or Physical violence, harassment, intimidation, bullying, or other threatening-disruptive, or inappropriate behavior.

### ***Do not place yourself/others in “harms’ way”***

Do not intervene alone: Get assistance & don't wait!

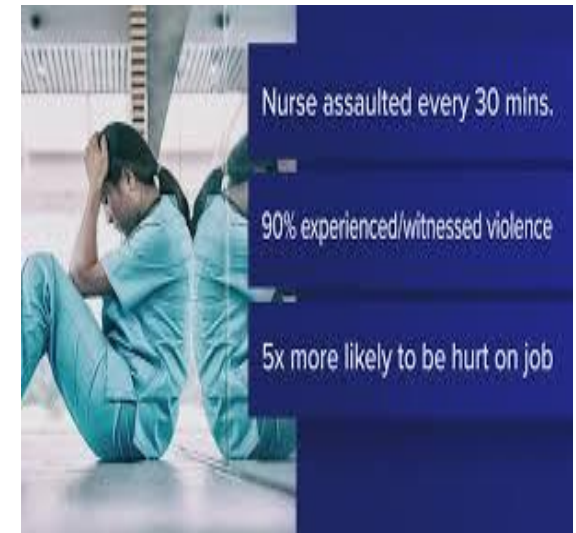
Do not physically block someone

Report all events: VERBAL

*Report Threats Immediately!!*

Participate in a de-briefing huddle

Access Employee Assistance Program





# Phase 2

The hospital  
manages safety  
and security  
risks

EC.02.01.01  
EP17



## Provide a Proactive WPVP Analysis

- Comprehensive WPVP Gap Analysis.
- All areas; High-Risk areas: ED, BH, ICU.
- Clinics, other...
- Use a comprehensive WPVP analysis tool: laws and regulations, best practices.
- Conditions of the Environment; Rounding.
- Develop a Proactive Prevention Action Plan.
- Annual Review/Analysis>Revision.

# Phase 2

The hospital collects information to monitor conditions in the environment

EC.04.01.01

EP 1

EP6



## The hospital develops a process to manage WPV incidents:

- Internal reporting: “**WPV is grossly underreported**” (TJC; <20%).
- Continually Monitoring.
- Investigation (timely).
- Training for effective PI: Process NOT person.
- Identify risk factors, gaps...
- Implement environmental controls and prevention strategies.
- Report to management (monthly dashboard).

*“Blame the Process...  
not the people.” - Deming*

# Phase 3

Staff participate in ongoing education and training

HR.01.05.03  
EP29

The hospital provides WPVP training, education and resources



## Provide a WPVP Training Program

- Mandatory training (time of hire, annually, and whenever changes occur) for leadership, staff, licensed practitioners.
- Include:
  1. Definitions and de-escalation techniques.
  2. Physical/non-physical intervention skills.
  3. Responses to alerts, codes, and reporting.
  4. Roles and responsibilities of leadership, staff, security, and law enforcement.
- Identify training for all staff.
- Ongoing; review and revise at least annually.

# WPVP Training and Education

## WPV Prevention Training

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**Step 1:** Diversified staff design initial/on-going training program

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**Step 2:** Content, format...

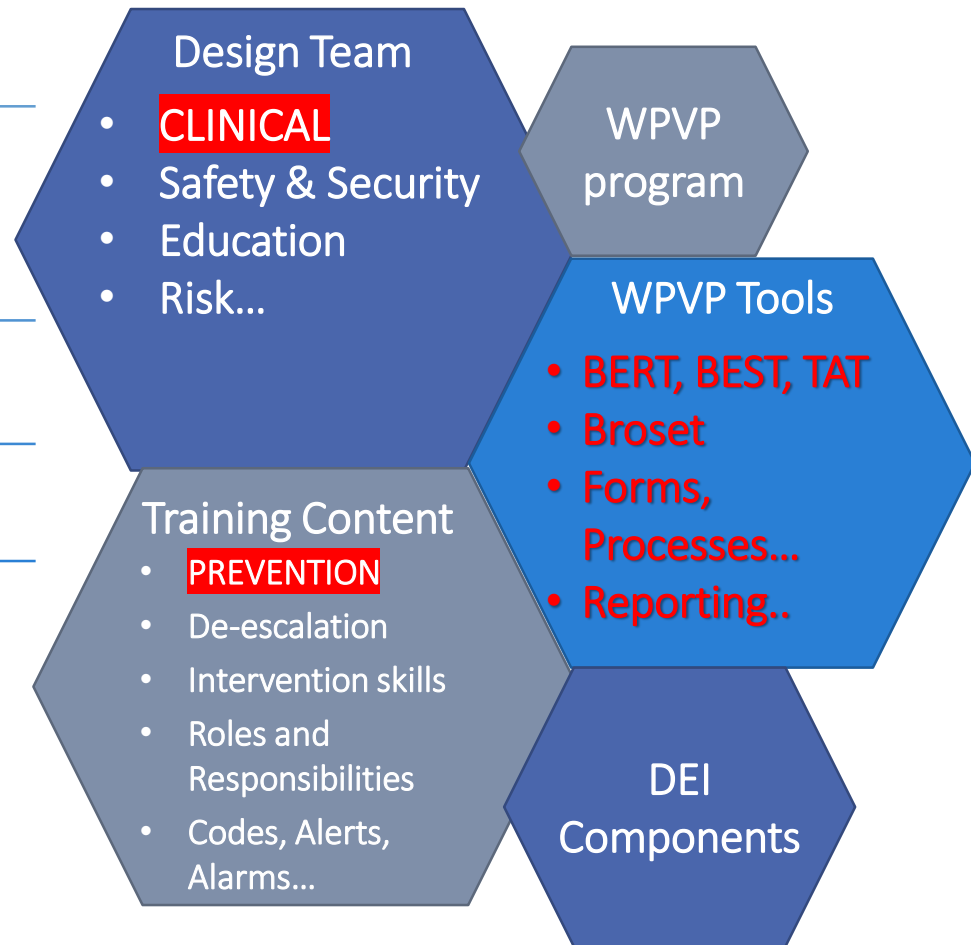
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**Step 3:** Specialized Training

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**Step 4:** Upon hire-ongoing-annual

We recommend Train the Trainer and interactive live simulation!



# Behavior Continuum



**Calm**  
Coping, Rational



**Anxious**  
Worried, Frustrated



**Agitated**  
Distraught, Defensive



**Threatening**  
Irrational, Violent



**AIDET**

**LEAPS**

**PRE-HUDDLE**

**SECURITY ASSIST**

**Act to Prevent Escalation**

**Pre-Huddle / Attempt De-Escalation**

**SEEK ASSISTANCE**

## Case Study: AGITATED

70-year-old patient who had a left total knee surgery yesterday and admitted to the Ortho Unit.

Today, the PT enters the room for the first therapy session. She walks in carrying a walker and a gait belt and enthusiastically states, “Time to get up!”.

Patient awakens, slams hand on bedside table and starts yelling “I will get up when I am ready!” Patient states that “nobody cares about my pain, and I’m treated like a child around here!”.

*Risk Factors? Perceptions? Triggers? What can we do?*

# Debrief: Lessons Learned>>Prevention

- Timely response using a standardized process/form
- Train staff to achieve Best Outcomes>>Process Improvement

1. Was follow-up on this event initiated? [Y / N]
2. If Yes, please identify ALL direct follow-up actions:

- a. Direct conversation with those affected
- b. Behavior interventions/Care Plan updated
- c. Resiliency Program
- d. Education/Training activity relevant to the event
- e. Team Huddle or Team Debrief
- f. Cause Analysis
- g. Change in process, procedure or equipment -
- h. Other (please specify)



# Phase 4

## Implementing WPV Prevention Strategies

### Mitigating Techniques:

- **AIDET:** Acknowledge, Introduce, Duration, Explanation & Thanks
- **LEAPS:** Listen, Empathize, Ask, Paraphrase, Summarize
- Non-threatening position
- Reassure them
- Connect: Get them to talk (Interact)
- Support services: Spiritual care
- Appeal for assistance
- Relaxing activity
- Family support



“Let’s try.....  
“Maybe, we can  
“What if ....  
“I feel,  
“It seems like,  
‘I think,  
“Sometimes people can....  
“Perhaps we....  
“I wonder if.....

# De-escalation with the Cognitively Impaired

## Dementia

One person talk at a time

## Intoxication

Repeat Questions

Clear, Simple Language

## TBI

Do not give too much information

Limit external stimuli, bundle care

## Altered Mental Status

Treat medical conditions: Dehydration, Urinary Tract Infections...

Family Assistance

Reorient to place and situation



# Prevention Tools and Processes

## WPVP Evaluation & Communication Tools

- E-Flagging System
- Response teams (BERT, TAT...)
- Broset...
- Huddles-Debriefs (pre and post)
- Forms...

## Security and surveillance program:

- Signage, cameras, badge alarms
- Panic buttons, codes-alert systems
- Screening patient belongings
- Security Response and Rounding

## We Recommend:

An evaluation of the WPVP Assessment, communication tools, and the security and surveillance program.



# Care Team Communication

## High Risk Behavior Patient

- Alerts: Color gown, socks... denotes high risk?
- Signs on patient doorways?

## What are our:

- Handoff procedures?
- Documentation in Epic?

## Situational Awareness:







- Daily Safety Huddles
- Pre and post huddles

## Mitigating Factors:

- Behavior Expectations Form
- De-escalation Strategies



# Broset Violence Checklist (BVC)

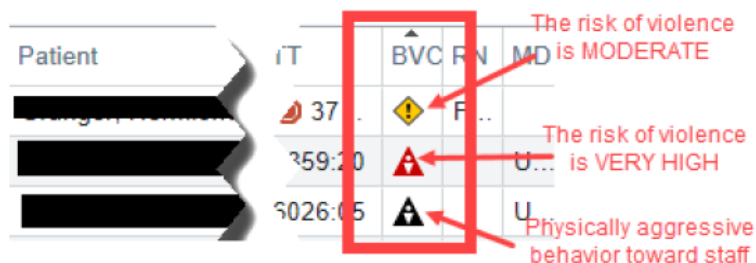
	1. Is the patient confused?	1
	2. Is the patient irritable?	1
	3. Is the patient behaving boisterous?	0
	4. Does the patient threaten verbally?	1
	5. Is the patient physical threatening?	0
	6. Does the patient attack objects?	0
<b>The sum of the total score.</b>		<b>3</b>

<b>0</b>	The risk of violence is small.
<b>1-2</b>	The risk of violence is moderate. Preventive measures should be taken.
<b>3-6</b>	The risk of violence is high. Preventative measures should be taken and plans about how to manage an attack made.

## How can other team members see the risk level?

### 1. Trackboard notification

BVC score	Trackboard display
1-2	yellow "caution" icon
>2	red "violent patient" icon
Staff member assault	black "violent patient" icon



Hovering over the icon will show the appropriate text

## Activate VEWS (Violence Early Warning System)

Care plan created with Clinical, BH, Pharmacy, Family, Case Management etc.

# Communicate High Risk using Epic

## Patient or Visitor:

Add a High-Risk Patient and/or Visitor Banner Alert to the Electronic Record to immediately notify all units and locations (hospitals, clinics...)

The screenshot displays the Epic EMR interface. At the top, a navigation bar includes tabs for 'PER', 'Med/Surg', 'Critical Care', 'Handoff Transfer', and 'Facesheet'. The 'PER' tab is highlighted with a red box, and a red arrow points to it. To the right, a search bar contains 'PER' with another red arrow pointing to it. Below the navigation bar, two banners are visible: 'High Risk Alert Patient' (orange) and 'High Risk Alert Visitor' (cyan). The patient information section shows 'Boldin, Lucy #S9905256 (HAR: 100000026) (52yr F) (Adm: 10/02/12) TELE1-4101.1'. The attending provider is 'Joseph B. Heaton, MD'. Allergies are listed as 'No Known Allergies'. Other clinical data includes 'Iso: None', 'Ht: --', 'Anticipated Dx: head ache', 'BMI: --', 'Inf: None', 'Wt: --', 'Principal Problem: None', and 'CODE: Not on File', 'Admit Wt: --'. The interface also shows a 'Patient FYIs' notification for 'Mickey Mouse' with the text 'Violent Behavior. This patient exhibits violent behavior.' The patient's details include 'Mickey Mouse', 'Male, 30 y.o., 11/5/1991', 'MRN: 8007780', and 'MDM: Not Active'. The bottom of the screen shows a table with columns for 'Encounter', 'Hospital Account', 'Episode', 'Order', 'Status', 'Date', 'Time', and 'Location'.



# Phase 5: Caring for Our Caregivers

## Post-event follow up:

- In **REAL TIME**...This is critical
- Ongoing...Stress-reduction strategies
- Legal support



## Implement Resiliency Programs (PPE for Mental Health)

- First Call 24/7...EAP
- Mindfulness
- REST- Resilience Education Support Training
- Peer support groups/Code Caring, CARE 4 You...
- Intranet Resources
- Planned follow up...Personal Plan



**Primary Goal>>> Prevention**



# Phase 5: Mental Health and Burn Out...

## Reasons why workers may not seek MENTAL HEALTHCARE

- Stigma-Negative
- Label-Weak, Incompetent
- Judgement
- Embarrassed (Caregiver: giving care vs getting care)
- Fear of Job Consequences
- Don't Know How to or hard to Access Care
- Time, \$\$



# WPVP that Impacts your Culture and Community

- **Culture of Prevention > Zero Harm-Violence**
- **Culture of Diversity, Equity, and Inclusion**
- **Culture of Partnerships and Collaboration**
  - **Community...Law Enforcement**
  - **Working groups: Hospitals, Individuals...**
  - **Organizations: MHA, AMA, AHA, MHCSA...**

***Be the healthcare of choice  
for Staff and Patients!***



# WPVP Resources

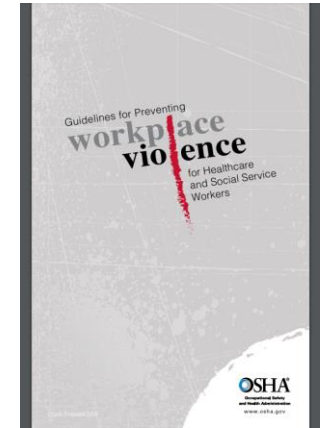


**OSHA Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers**

[Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers](#)



[www.cdc.gov/niosh/topics/healthcare](http://www.cdc.gov/niosh/topics/healthcare)



**The Joint Commission**

[workplaceviolence@jointcommission.org](mailto:workplaceviolence@jointcommission.org)

Workplace violence Compendium of Resources



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***Healthcare Safety Services, LLC .  
Thank you for attending the presentation today!***



***Joy & Ken  
Smith***

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