Piedmont Healthcare Department of Public Safety

DEVELOPING A COMPREHENSIVE WORKPLACE VIOLENCE PREVENTION PROGRAM

Mike Hodges, MA, CHSS
The Face Of Workplace Violence

Elise Wilson
Boston ED Nurse
Stabbed 11 Times
The Reality In Healthcare

• Bureau of Labor Statistics data shows that Healthcare and Social Assistance is the #2 profession in the United States for Workplace violence.

• The American Psychiatric Nurses Association (APNA) has reported that nearly 500,000 healthcare workers 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 – 2011-2017 Study

Intentional worker injuries on the rise

Health care and social assistance workers experience intentional injuries by another person at far greater rates than the private industry overall. This includes only injuries involving days away from work.

![Graph showing the increase in intentional injuries from 2011 to 2017 across different industries. The rate for health care and social assistance workers has significantly increased, from around 1.9 to 9.1 per 10,000 workers. Other industries such as retail trade, manufacturing, construction, and all private industry show lower rates, with construction and all private industry having the lowest rates throughout the period.]

Violence in healthcare is at pandemic levels
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
Basic Model

Our Construction of a Collaborative WPV Program

Management Actions

Employee Training & Engagement

Management Oversight

Employee Response
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

- Safety Huddle Reporting
- Watch List Reporting
- 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

5/17/2019
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
  – Violence Risk Assessment
  – Security Threat Assessment Team
    • Inter-disciplinary Involvement
    • Bed-Side Threat Analysis
    • Mitigation Planning
  – Threat Assessment Protocol (TAP)
  – 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.

**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.

**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.

**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

- EMR Flagging
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
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
Violence Risk Assessment

- Weighted Scale
  - Includes Observable Behavior with Medical History
  - Recommends Actions
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.
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.
Foundational Belief

Violence Can Be Prevented & Mitigated.

You are not a victim.
Management Oversight

Collaborative Workplace Violence Prevention Committee

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

Membership

- Chief Medical Officer
- Chief Nursing Officer
- Executive Operations Leadership
- 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
Workplace Violence (WPV) Events
Annual Trending

Monthly Incident Averages

2015-2019 YTD
51% Decrease in WPV Incidents
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

Advocate – Advocate - Advocate
Questions?

Mike Hodges, MA, CHSS
Director of Public Safety
mike.hodges@piedmont.org
706-475-3482