Piedmont Healthcare Department of Public Safety

DEVELOPING A COMPREHENSIVE WORKPLACE VIOLENCE PREVENTION PROGRAM

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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.

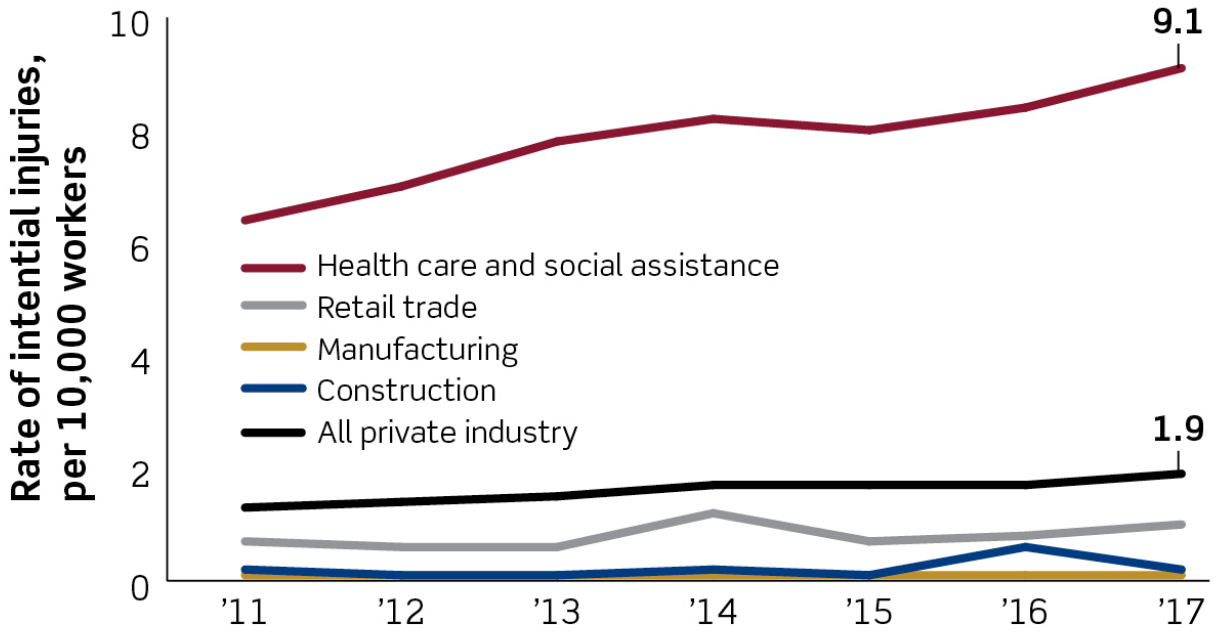
- The Occupational Health & Safety Administration's (OSHA) data shows that of the approximately 25,000 workplace assaults reported annually; 75% occur in the healthcare industry.

- 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.



SOURCE: U.S. Bureau of Labor Statistics

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

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

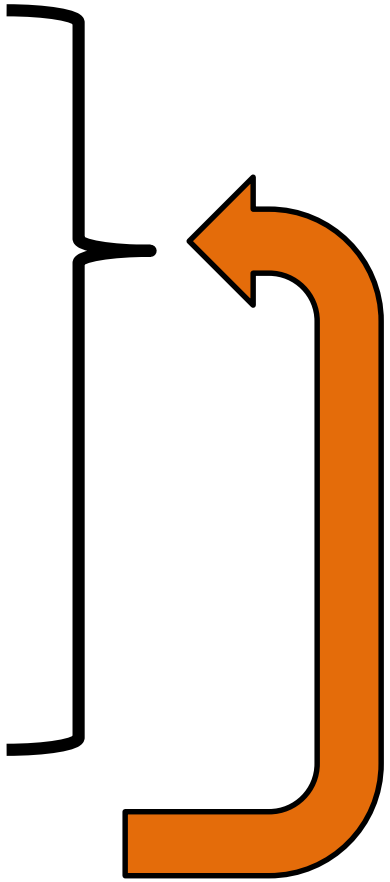
  Continuous review of incidents resulting in follow-up interaction with victims and staff
- Proactive Patrolling

  Adjusting Officer Presence and activity to match metrics. High Visibility and Engagement.
- Hazard Rounds

  Regular unit inspections and response tool engagement

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

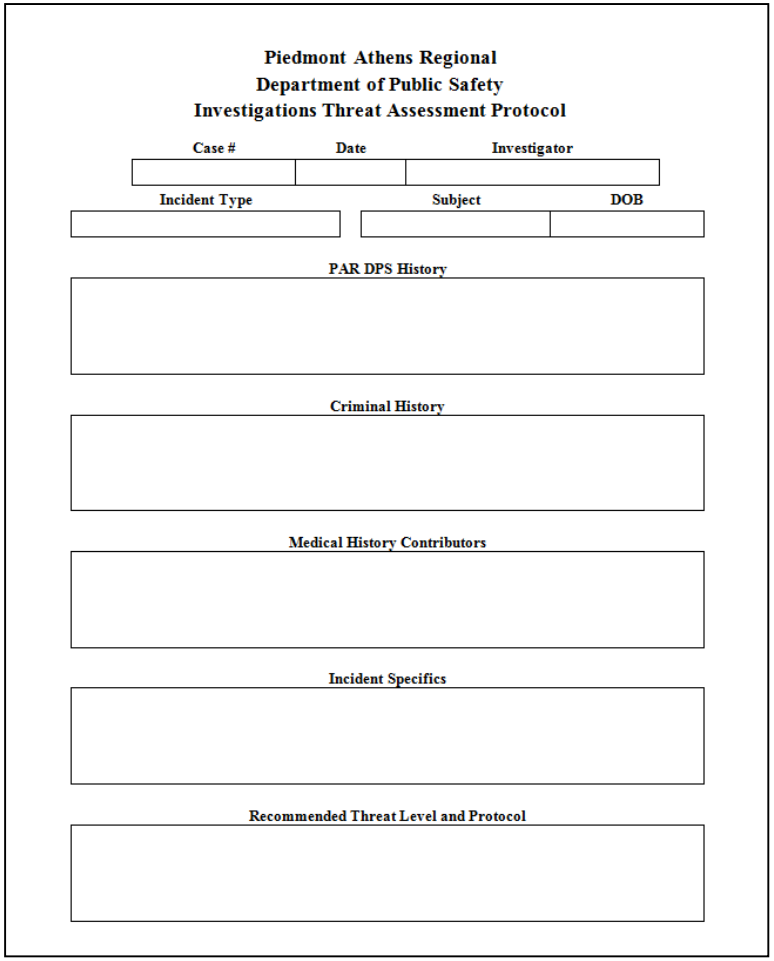
A CLT is a subject or incident that presents a known and immediate threat of significant bodily harm or death to patients, staff or visitors.

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



Piedmont Athens Regional
Department of Public Safety
Investigations Threat Assessment Protocol

Case #	Date	Investigator

Incident Type	Subject	DOB

PAR DPS History

Criminal History

Medical History Contributors

Incident Specifics

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

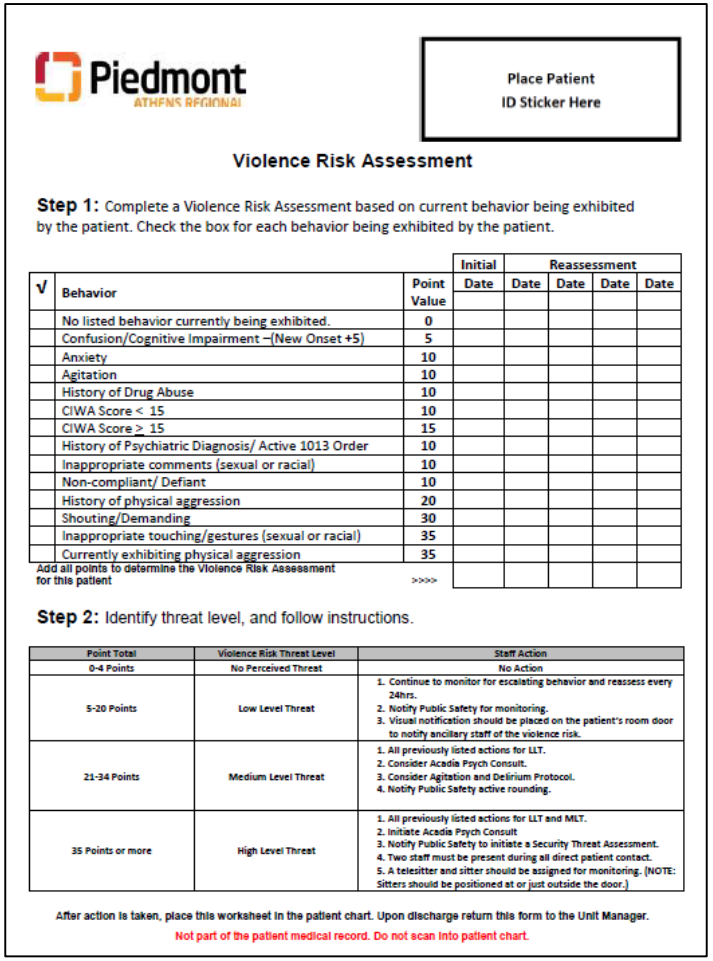
- Based on our Operational Intelligence
- Shifts Patrol Focus: Week to Week – Month to Month
  - Increased Suppression through Presence
  - Decreased Response Times
- Interactive Engagement with Clinical Staff

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



Piedmont
ATHENS REGIONAL

Place Patient
ID Sticker Here

Violence Risk Assessment

Step 1: Complete a Violence Risk Assessment based on current behavior being exhibited by the patient. Check the box for each behavior being exhibited by the patient.

√	Behavior	Point Value	Initial	Reassessment			
			Date	Date	Date	Date	Date
	No listed behavior currently being exhibited.	0					
	Confusion/Cognitive Impairment –(New Onset +5)	5					
	Anxiety	10					
	Agitation	10					
	History of Drug Abuse	10					
	CIWA Score < 15	10					
	CIWA Score ≥ 15	15					
	History of Psychiatric Diagnosis/ Active 1013 Order	10					
	Inappropriate comments (sexual or racial)	10					
	Non-compliant/ Defiant	10					
	History of physical aggression	20					
	Shouting/Demanding	30					
	Inappropriate touching/gestures (sexual or racial)	35					
	Currently exhibiting physical aggression	35					
	Add all points to determine the Violence Risk Assessment for this patient	>>>>					

Step 2: Identify threat level, and follow instructions.

Point Total	Violence Risk Threat Level	Staff Action
0-4 Points	No Perceived Threat	No Action
5-20 Points	Low Level Threat	1. Continue to monitor for escalating behavior and reassess every 24hrs. 2. Notify Public Safety for monitoring. 3. Visual notification should be placed on the patient's room door to notify ancillary staff of the violence risk.
21-34 Points	Medium Level Threat	1. All previously listed actions for LLT. 2. Consider Acadia Psych Consult. 3. Consider Agitation and Delirium Protocol. 4. Notify Public Safety active rounding.
35 Points or more	High Level Threat	1. All previously listed actions for LLT and MLT. 2. Initiate Acadia Psych Consult 3. Notify Public Safety to initiate a Security Threat Assessment. 4. Two staff must be present during all direct patient contact. 5. A telesitter and sitter should be assigned for monitoring. (NOTE: Sitters should be positioned at or just outside the door.)

After action is taken, place this worksheet in the patient chart. Upon discharge return this form to the Unit Manager.

Not part of the patient medical record. Do not scan into patient chart.

Security Threat Assessment Team

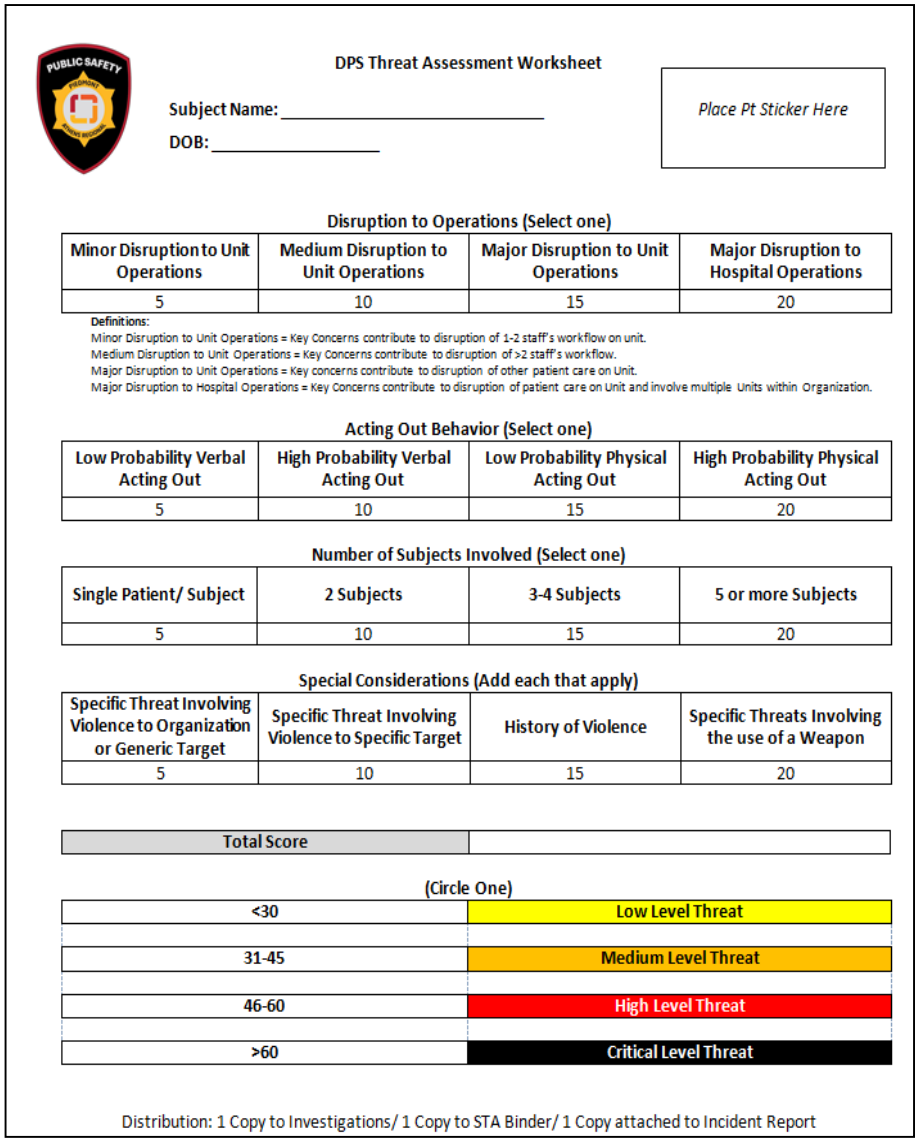
- Designed to address ***prevention*** needs.
- Based on ***collaboration and resourcing*** for full spectrum care.
- Utilizes:
  - Public Safety/ Security Staff – Leading the analysis
  - Bedside Clinical Staff
  - Social Work Staff
  - Patient Experience Staff

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	

(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

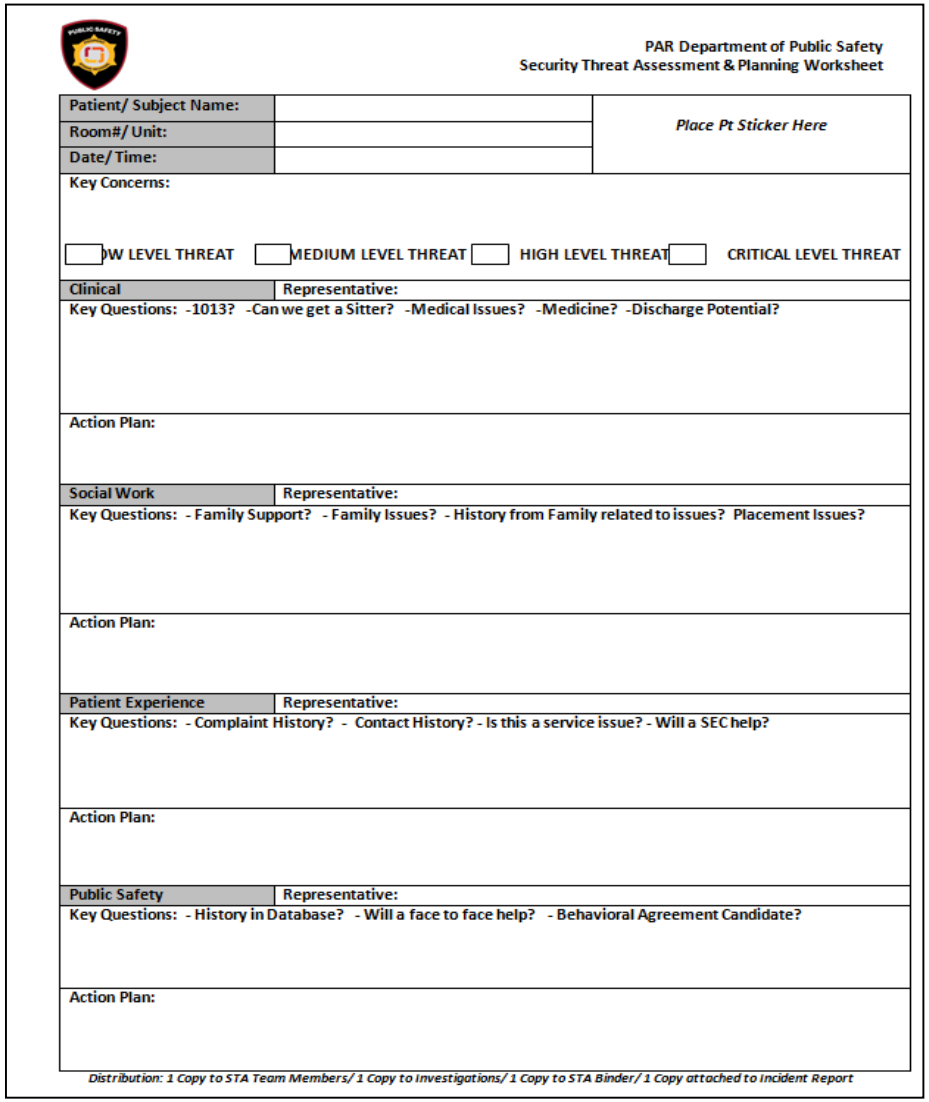
Section 4:

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:		*Place Pt Sticker Here*
Room#/ Unit:		
Date/ Time:		

Key Concerns:

☐ LOW LEVEL THREAT ☐ MEDIUM LEVEL THREAT ☐ HIGH LEVEL THREAT ☐ 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:

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

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

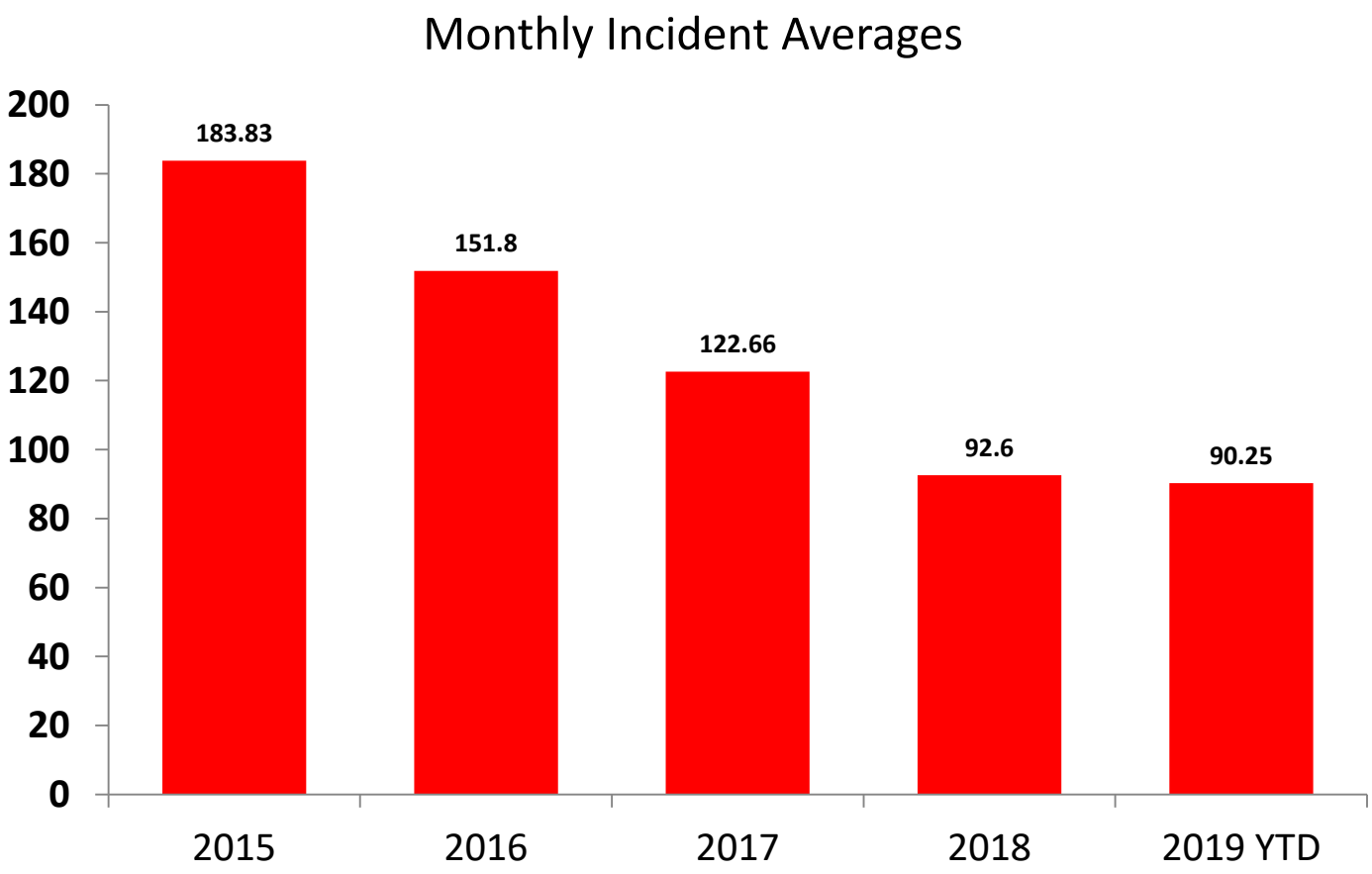
Based on incident and analytics review

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

Feeding Continuous Improvement

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

Workplace Violence (WPV) Events
Annual Trending



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?

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