RESPECT: Give It, Get It — WORKPLACE VIOLENCE PREVENTION

MHCSA Fall Conference

Essential Elements of a Workplace Violence Prevention Program

November 4, 2016

ASCENSION Risk Services

Why is there so much WPV in Healthcare?

Objectives

- Provide a general overview of workplace violence and how using high reliability behaviors can help keep all staff, patients, and visitors safe.
- Understand different methods of quantifying stages of risk by their behaviors.
- Discuss options for program components to manage and prevent workplace violence in healthcare

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Factors R/T WPV in Healthcare

Patient Related Factors:
Patient in Pain
Patient in Fear
Working in Close Proximity
Patient with Altered
Mental Status
Influence of Drugs/Alcohol

Facility Related Factors:
Understaffing
Inadequate Security
Physical Environment
Lack of Staff Training and Preparedness
(NIOSH, Workplace Violence Prevention for Nurses (2013);

2014 Statistics on WPV in Healthcare

- 2014 – rate of injury due to WPV in Healthcare and Social Service sector was **14.4 per 10,000 workers** (BLS, 2014)
- By comparison, the rate in Private Industry is 4.0 per 10,000 workers
- There were 106 total fatalities in the Healthcare and Social Service sector, **28 of these fatalities were caused by WPV** (BLS, Table A-1, 2014)

What has been done to reduce WPV in Healthcare?

- OSHA Guidelines (1996, 2004, 2015)
- Early WPV prevention training programs developed in Canada, and the VHA
- State Legislation
- NIOSH Training
- ANA and ENA advocacy and training
- Multiple private companies developed their own WPV training programs for commercial use

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Benefits of a Workplace Violence Prevention Program

- Committed to ensuring a safe and productive work environment
- Can reduce the potential for injuries to patients, staff and visitors
- <u>BOTTOM LINE:</u> The environment in which we practice is constantly changing, and we must update our safety and security practices to be aligned with these changes. Becoming safe and secure is an ongoing process

Keeping your workplace secure.

4 Types of WPV

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)

Type 2 – Customer / Client: the most common type in healthcare settings. Includes patients, their family members, and visitors, and occurs most frequently in emergency and psychiatric treatment settings, waiting rooms, and geriatric settings, but is not limited to these

Type 3 – Worker-on-Worker: violence between coworkers is commonly referred to as lateral or horizontal violence. It includes bullying, and frequently manifests as verbal and emotional abuse that is unfair, offensive, vindictive, and/or humiliating and can range all the way to homicide

Type 4 – Personal Relationship: the perpetrator has a relationship to the nurse outside of work that spills over to the work environment.

Photos and text courtesy of NIOSH Workplace Violence Prevention Training for Nurses (2013)

What is Workplace Violence?

"*Workplace violence is any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. It ranges from threats and verbal abuse to physical assaults and even homicide. It can affect and involve employees, clients, customers and visitors*".

(OSHA, Safety and Health Topics, Workplace Violence, 2014)

Inappropriate Violent Behavior – Stage 3

- Poor Personal Hygiene
- Social Isolation
- Romantic Obsessed Behavior
- Severe Changes in Psychological Functioning
- Fascination with and Displaying Weapons
- Assaults, Physical Confrontations and Altercations
- Violent History, Prior Criminal Record of Assaultive Behavior
- Decreased or Inconsistent Productivity/Severe Stress
- Emotional Erratic Behavior with Drastic Change in Personality
- Significant Signs of Depression or Other Mental Illness including Substance Abuse

Workplace Violence Defined by Ascension - 2015

"*A threat or act of violent behavior, against oneself, another person, or a group that either results in or has a high likelihood of resulting in injury, death or psychological harm. These events may involve patients or family members, visitors, volunteers, vendors, physicians or other associates. Examples include bullying, hostility, intimidation, or use of physical force or weapons or power.*"

Inappropriate Violent Behaviors – Stage 2

- Arguing Frequently and Intensely
- Vandalizing
- Stealing from the Company or Others
- Making Suicidal Threats
- Angry Outbursts, Aggressive & Offensive Body Posturing or Throwing Objects
- Threatening/ Expressing the Intent to Harm Verbally or by Letter, Voice Mail, E-mail, Text or Social Media (Facebook, Twitter, etc.)
- Blatant Disregard of Organization Policy and Procedures Conveying Unwanted Sexual Attention

Identifying The Risks:

Inappropriate Violent Behaviors in "Stage 1"

- Objecting to Others
- Dehumanizing Others
- Challenging Others/Authority
- Regularly Argumentative
- Spreading Lies
- Swearing Excessively
- Sexually and/or Verbally Abusive
- Suicidal Thoughts Expressed to Others
- Angry Outbursts & Frequent Signs of Frustration

What is the Go Team?

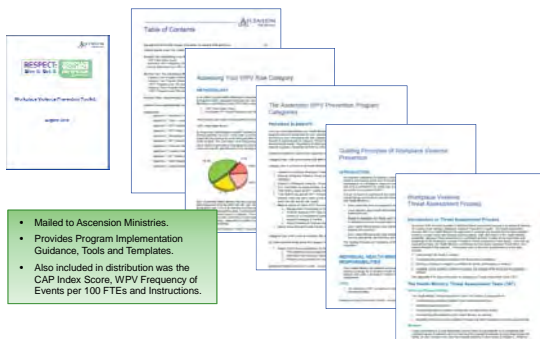- Primary role: provide the health ministry with a remote advisory service during the initial threat assessment and response to the incident
- As the incident progresses, the Go Team may dispatch members with expertise to the ministry to support the staff during the ongoing response and recovery activities related to the incident
- Keeps the System Office Incident Support Team informed of their activities to ensure a clear flow

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WPV Prevention Toolkit

- Mailed to Ascension Ministries.
- Provides Program Implementation Guidance, Tools and Templates.
- Also included in distribution was the CAP Index Score, WPV Frequency of Events per 100 FTEs and Instructions.

Purpose of the Go Team

A Ministry is expected to initially respond to a Critical incident using the resources and structure developed under the Guiding Principles of Emergency Management - Hospital Incident Command structure. If a situation or incident escalates and becomes more complex, more specialized expertise may be needed. The role of the Go Team will be to advise the Ministry and augment their response.

Multi-disciplinary Workplace Violence Go Teams

The WPV Go Team may provide the following support and advice, including:

- Assess threats
- Recommend steps to limit escalation of a violent event
- Recommend response actions to contain a violent event
- Manage assigned actions identified during the response
- Assess the consequences to operations, patients, associates, and health ministry reputation
- Recommend recovery steps following a threat or violent event
- Manage assigned actions during the recovery
- Participate in and support of *Post Incident Review* process

Large Ministry Markets
- **Texas**
  Shiloh Jiwanlal (BH) / Karen Brinkman (RMQC) / Stan Knee (WPV)
- **Indiana**
  Chris Novak (BH) / Barry Moffitt (RMQC) / Joe Thompson (WPV)
- **Wisconsin**
  Laurie Roberts (BH) / Mary Ott - Interim (RMQC) / Melissa Granato (WPV)
- **Tennessee**
  Janice Place (BH) / Connie Esper-Kanze (RMQC) / Dwayne Duhon (WPV)
- **Michigan**
  Laurie Roberts (BH) / Cheryl Sullivan (RMQC) / Bill Platts (WPV)

Mid-sized Ministry Markets
- **Gulf Coast / Jacksonville / Birmingham**
  Janice Place (BH) / Tracey Mandel (RMQC) / Mike Matroni (WPV)
- **Chicago**
  Chris Novak (BH) / Sandra Kraus (RMQC) / Melissa Granato (WPV)
- **Kansas / Tulsa**
  Moneeshindra Mittal (BH) / Mary Ott - Interim (RMQC) / Ken Harper (WPV)

Small Ministry Markets
- **Baltimore / Washington, D.C. / Binghamton / Amsterdam / Bridgeport**
  Alison Beyer (RMQC) / Bill Hoey (BH) / Joe Laveneziana (WPV)

Senior Living
- Suzanne Sheldon-Krieger (RMQC) / Shiloh Jiwanlal (BH) /Melissa Granato (WPV)

WPV Prevention Education & Reporting

MyLearning Modules Created

- H.O.P.E.S Module
- Extreme Violence / Shots Fired Video
- Bullying/Incivility Modules (4 modules)
- Domestic Violence Modules Course (4 modules)

Go Team – Threat Assessment measures implemented have led to the Ascension Risk Services System Office providing remote guidance to reported Ministry WPV threats.

Education / Reporting
- Increased/effective training system-wide
- Increased reporting makes for early intervention and better trending to reduce WPV exposures

Event Reporting
- 400% increase in WPV events

WPV Go Team
- 7 Ministry concerns have been reported with successful resolution

High Reliability & WPV Prevention

Use "SBAR" To Identify Workplace Violence Risk:

- *Situation* = First, know how an individual's actions and words can be concerning
- *Background* = What information do we know of the individual? (Both present and past)
- *Assessment* = What risk or violations are the individual's behavior posing to other patients, staff or visitors?
- *Recommendation* = What measures can we take to reduce risk of harm?

SAFETY IS THE KEY TO TRUST

THINK TWICE

RECOGNIZE & REWARD

UTILIZE EACH OTHER

SPEAK UP FOR SAFETY

TEAMWORK

Conclusion - Tips for Preventing Workplace Violence

- Assess Your Work Environment and examine areas of your work environment. Is there adequate lighting? Are there convenient escape routes? Do you have a method to call for assistance?
- Pay Attention to the Warning Signs, many people who become violent will communicate their intentions in advance. Threats from patients, students, coworkers and/or visitors should be taken seriously and reported immediately.
- Do Your Best to Eliminate Potential Weapons, when handling a potential aggressive individual, take a mental inventory of objects in your immediate work area that could be potential weapons. Remove or secure objects that could be thrown.
- Understand and Practice Violence Prevention Techniques/Policies, use high reliability tools and skills. Practice techniques learned in CPI or De-Escalation Training Programs.

Workplace Violence & STAR – Another Tool for Violence Prevention

Stop- Don't let distractions get in your way of pausing for a few seconds to look around and keep yourself safe. Focus on the situation at hand. Determine the best way to handle the situation.

Think – Consider who's in the room with you, your location and try and get to a safe place. Determine who should be involved and where intervention would be most successful.

Act – Call (or even yell) for assistance. Don't try and handle a violent or potentially violent situation yourself. Outline your course of action and speak clearly and with authority as appropriate.

Review – Talk with your manager, HR, Security; Clinical Staff participate in Incident Debriefing; Help to develop possible solutions to prevent event from happening again.

Tips for Preventing Workplace Violence - continued

- Trust Your Instincts, don't ignore your internal warning system. If you sense impending danger, react accordingly.
- Use A Team Approach, utilize the knowledge of your coworkers. Work together in a situation where there is the potential for violence to occur. Regularly check in with each other.
- Use All The Tools In Your Toolbox, the Workplace Violence Prevention Team is available to assist. Talk to your HR Partner about potential violent and/or difficult situations and conversations with employees. Report aggressive patients and visitors to your manager or security. Use High Reliability Tools & Training. Be familiar with the SVHS WPV polices and protocols. Know how to contact Security or use 911.

Violence Prevention is EVERYONE'S Responsibility!

Workplace Violence Prevention Program Overview

- Expanded WPV Prevention Toolkit
- Created WPV Program Assessment
- Established WPV Security Team
- Established WPV Behavioral Health Work Team
- Established WPV Senior Leadership Advisory Council
- Launched WPV Prevention Program System-wide
- Began Bi-weekly WPV Toolkit Webinars
- Hosted WPV Go Team Training

Questions

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