This webinar will begin at 10 am

CHART INSTITUTE

Workplace Violence:
Patient/Visitor Aggression Management Throughout the Organization

Monica Cooke, MA, RN, PMH-BC, CPHQ, CPHRM, DFASHRM

Nursing Continuing Professional Development Notifications

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The planning team and speaker for this activity have no relevant financial relationship(s) with ineligible companies to disclose.

This webinar is for CHART Institute members only

Nursing Continuing Professional Development Notifications

1.0 contact hour is available.

Successful completion of this program requires your attendance of the entire session and submission of an evaluation form by April 4, 2023.

Information on accessing the evaluation form will be provided at the end of the program.

Disclaimers and Notifications

This program is for educational purposes only.
It is not intended as legal advice.

This webinar will be recorded.

Learning Outcome

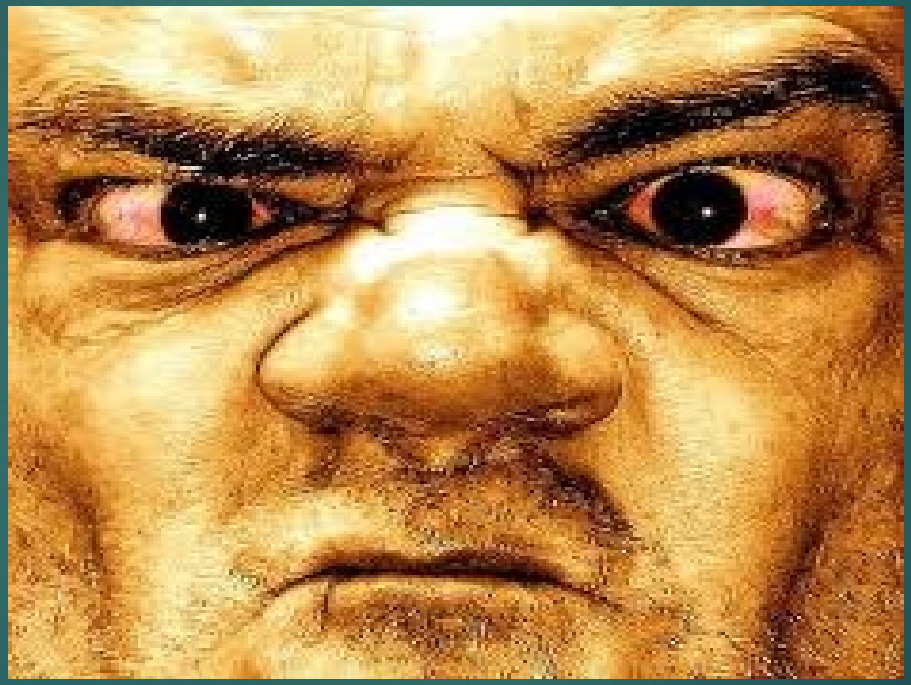
The learner will be able to describe strategies to reduce and/or prevent healthcare violence.

Presenter

Monica Cooke, MA, RN, PMH-BC, CPHQ,CPHRM, DFASHRM

CEO, Quality Plus Solutions LLC

Workplace Violence: Patient/Visitor Aggression Management Throughout the Organization



MONICA COOKE MA, RN, PMH-BC, CPHQ,CPHRM, DFASHRM

Objectives

Learner will be able to:

- identify the types of healthcare violence.
- understand and discuss the reasons for the persistent tolerance for aggression in health care.
- discuss with the impact of violence on the organization.
- discuss and implement strategies that can reduce and/or prevent healthcare violence.

Where Do YOU Go To Curse, Threaten, and/ or Assault People with Little Consequence?

P.S.
THERE'S
ONLY ONE
PLACE

Healthcare Settings!

In Our OWN House

ANTI-SOCIAL BEHAVIOR: IS IT OK?

- Point your finger in someone's face?
- Curse?
- Spit?
- Use insulting, demeaning names?
- Scratch? Smack? Bite?
- Threaten with harm?
- Threaten family members/friends with harm?
- Induce long term PTSD
- Punch in the face or other body part?
- Stab or shoot someone?
- Kill?

Antisocial Definition

“contrary to the laws and customs of society; devoid of or antagonistic to sociable instincts or practices.”

"a dangerous, unprincipled, antisocial type of man"

Types of Violence

Act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site.

- Type I (criminal intent; the perpetrator has no legitimate relationship to the business)
- Type II (customer/client/patient)
- Type III (worker-on-worker)
- Type IV (personal relationship)

Type II events occur most commonly in healthcare

Active Shooter

- From 2010 to 2020, Joint Commission reports 39 shooting and deaths to include 21 staff shot by:
  - 10 by a patient
  - 5 by a visitor
  - 4 by a family member
  - 2 by a current or former staff member
- 12 were murder suicides
- A societal risk that is becoming increasingly common
- Unpredictable and evolve quickly
- Large open healthcare settings and a vulnerable population
- Related to multiple factors that include: mental health issues, political environment, economic burdens, gun control, etc.
- International Association for Healthcare Safety and Security (IAHSS)

The Patient Experience

- Outcome Measure beginning in 2008 – 14 years ago
- Contribute to healthcare practices that are unsafe in the name of the patient experience
- We accept abuse, we modify procedures, we make exceptions
  - HIGHLY RELIABLE ORGANIZATIONS DO NOT DO THIS.

We have instilled a culture of "be nice" AND…… demand that staff are "nice" even under assault.

NEWS FLASH: THE CUSTOMER IS NOT ALWAYS RIGHT

- Especially when it comes to the standard of healthcare
- Should we have done something different at times?
- Should we admit our mistakes?
- Should we compensate patients that we have harmed, and continue to harm?

The customer CAN be correct.

BIG BUT ….

- They are NEVER right when they threaten, abuse, or assault others.

Persistence of Healthcare Violence

- People have become less self-regulated in the last 15 years
  - Ability to control one's behavior, emotions, and thoughts in the pursuit of long-term goals.
  - Refers to the ability to manage disruptive emotions and impulses

<u>TO THINK BEFORE ACTING</u>

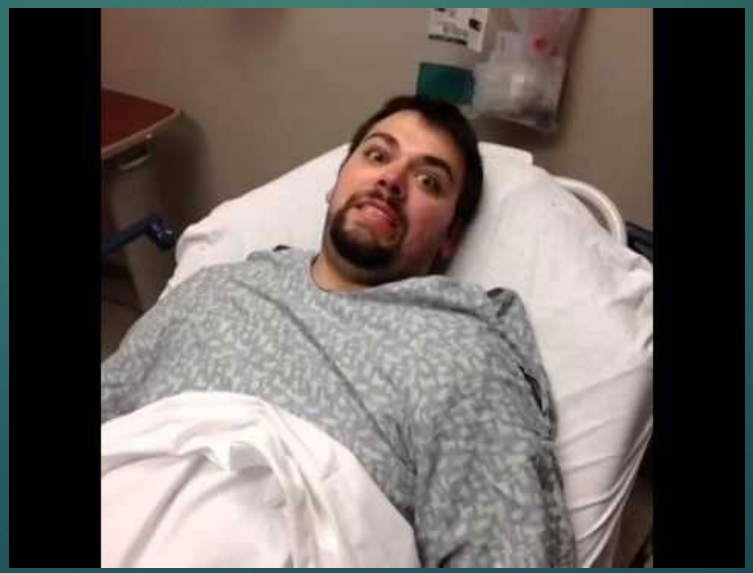
- No clearly defined rules of conduct for patients/visitors:
  - Failure to maintain a safe culture of care
- Lack of immediate and firm action to protect the culture

Impact on Staff Which Results in Lowered Patient Care and Safety

- Job dissatisfaction
- Loss of self esteem and confidence
- Loss of trust of professional abilities/expertise
- Feelings of anger, fear, depression, guilt
- Elevated stress levels (PTSD)
- Trauma/Death

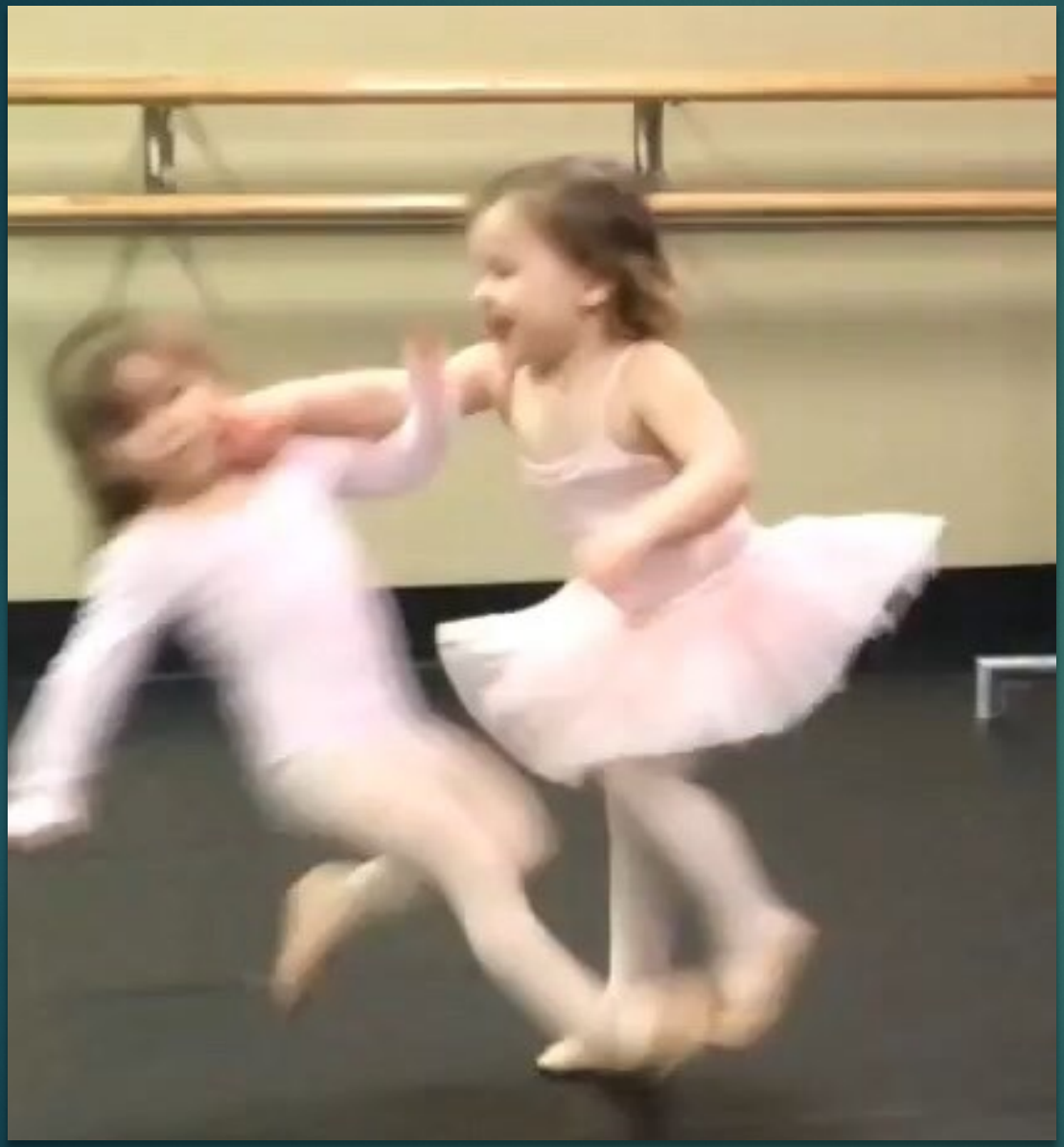
Contributing Factors

- Lack of naming workplace violence when it occurs
- Lack of competency
- Lack of assessment/reassessment
- Pressure to do whatever the patient wants



Costs of Inaction

- Property damage
- Human Resources: Staff harm, increased Security, overtime, effects on recruitment and retention
- Media/public relations risk
- Workers' compensation claims
- Litigation for unsafe work environment and harm to staff or others



Strategies for Risk Mitigation for…

ALL HEALTHCARE SETTINGS

It's All About the Culture

Culture Begins at the Door

Did you know that healthcare has the highest rate of workplace violence than any other industry?

Welcome to our hospital. We are a healing environment. All staff, patients, and visitors are expected to be respectful and non-disruptive while in our facility.

Thank you for helping to keep everyone safe.

Culture

ZERO TOLERANCE

- The most severe punishment possible to every person
- Forbids discretion or changing punishments to fit the circumstances
- Pre-determined punishment regardless of circumstances
- Punishment, whether mild or severe, is always meted out

INTOLERANCE

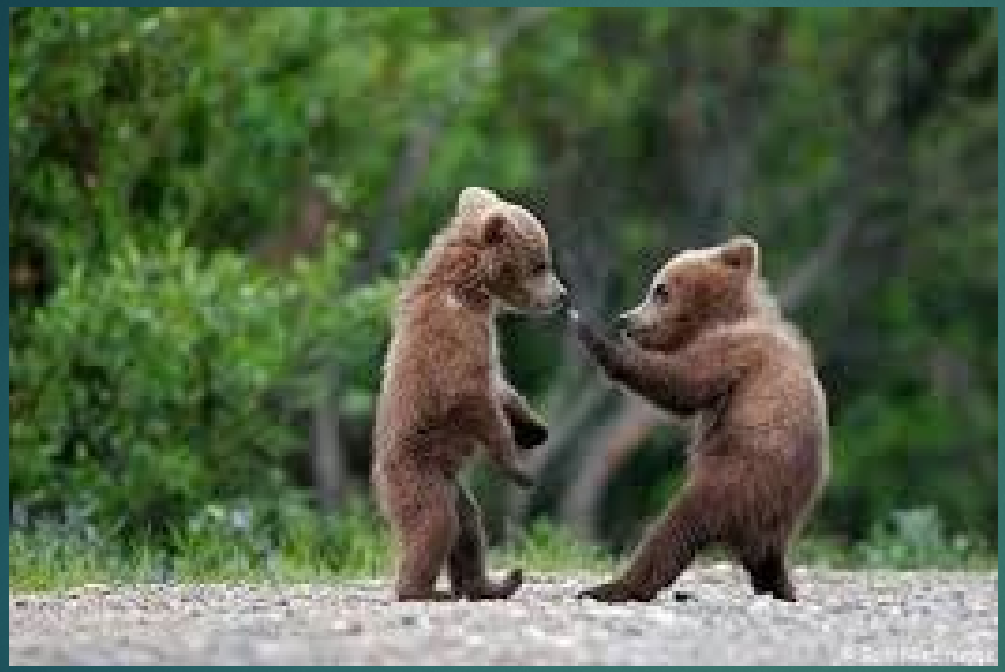
- The quality or state of being intolerant
- Exceptional sensitivity
- Does not dictate/outline pre-set punishment
- Allows for discretion by authorities

Culture of Intolerance

- Even minor aggression is attended to
- No weapon signs at Main entrance and the ED
- Protocols for managing escalation
- Continuous reinforcement by Managers/ Supervisors
- Possible termination of patient relationship
- Notification of law enforcement

ENGAGE The Community

- Educate the community about healthcare violence
- President or CEO sends letter to all the patients it has served
- The culture is reinforced VERBALLY EVERYTIME a person enters
- Patient/Family Advisory Councils are invited to help
- Social media announcements or website information
- Script for staff when talking with persons who are being aggressive or threatening.
- BRAINSTORM IDEAS!



NAME AGGRESSION

Why Can't We Stop it?

- Blame behavior on etiology
- Poor at recognizing the cycle of violence
- Disregard the pre-attack indicators of violence
- Historically dismiss aggression indicators
- Healthcare culture has failed to understand the negative impact of threatening/violent behavior
- Failed to understand the impact of violence on patient outcomes and well being of staff

Assessment and Reassessment

TJC Evaluation of 145 sentinel events between 2013-2015

Common root cause of violence is the lack of or inadequate assessment

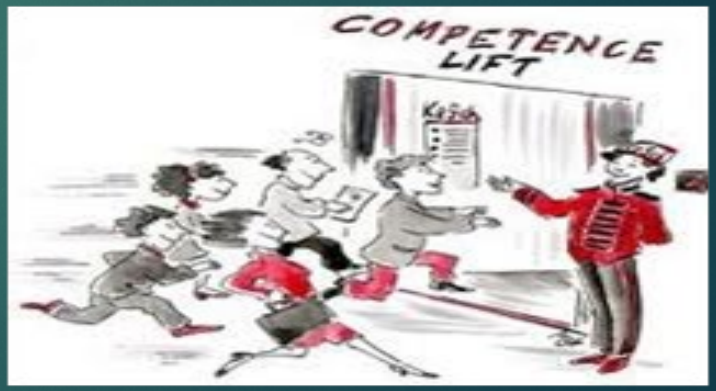
- Initial assessment of all patients for aggression/violence
- Routinely assess patients for signs of anxiety/ agitation – every couple of hours at least
- Flag EMR for aggression risk

Communicate Risk

- Flag the EMR for aggression
- Use door frame magnets with symbols and/or color
- Hand off each shift to Provider and Staff
- Huddle at least once per shift re: patients at risk for aggression
- Staff Safety Story/Success at each meeting (AND a Patient Safety Story)
- Report on number of patients at risk for violence in Leadership Safety Huddle in the AM

Staff Competency

- All staff (clinical/non-clinical) trained in NON-ESCALATION and de-escalation
- Aggression/violence assessments of patients
- Protocols for aggression management
- Non-violent crisis intervention: Security, ED, BH, and ICU staff
- Restraint/seclusion
- Workplace violence program



What About Staff That Have Training, BUT Cannot Manage Aggression

MY ESTIMATE:

50% of health care providers manage conflict poorly or not at all.

THEY CAN MAKE MATTERS WORSE

- Allow staff to say that they do not have the confidence or ability to work with certain patients or to deal with a conflict
- Focus on tasks/skills where they excel

Behavioral Rapid Response Team

PROACTIVE RESPONSE -

NOT AN EMERGENCY

- 24/7 team or one person with competency
- Initiated when low levels of intervention is not effective
- Person(s) work with the staff to de-escalate and provide "just in time learning/training".
- Spearhead debriefing

Medication

- How do we manage high blood pressure ?
- How do we manage a hyperglycemic person?
- How do we manage asthma?

MEDICATION IS AN INTERVENTION

- Staff have little time to effectively manage patient anxiety or aggression (this can be true on BH units)
- Proactive use of routine and PRN medications
- Evidence based withdrawal protocols

Diversions

- TV
- Cell phones, I-pads, computers (in BH settings)
- Music – piped in or via wireless headphones
- ***Especially for hallway patients in the ED***
- Dementia diversions (baby dolls, sensory items, etc.)
- Activity Cart: cards, adult coloring books, jigsaw puzzles,

Culture Shift: Become Transparent

Debriefing: Used by Highly Reliable Organizations

- Healthcare is not transparent: essential for culture shift
- Routine, Constructive, Non-blaming
- Remove barriers ("part of the job" thinking, lack of time or support)
- Promotes new learning of staff
- Identifies improvement opportunities

ALL GOOD

Data from Reporting Systems

- Is deceiving ,historically weak. sometimes nonexistent
- Not reported: deemed not to have merit
- Mostly reported if injury to staff/patient injury
- Lack of compiling all available data

REASONS ARE MANY

- Absence of policies
- "Part of the job"
- Cumbersome reporting mechanisms
- Poor performance
- Empathy for patient/family member
- Lack of evidence of physical injury
- Shame/fear/threat of further violence
- Lack of supervisor support/fear of reprisal

Invest in Necessary Resources

- BH clinicians for assessments of behaviorally diagnosed patients
- Provide Consult & Liaison Service
- Employ psychiatric APRN(S) to provide daily consult with nursing staff and providers
- Behaviorally trained technicians in the ED
- Psychiatric RN's for ED's that have a large number of BH patients or has a designated area for treatment
- Stop the overutilization of "sitters" and use funds elsewhere

Support for Staff

- Provide comfort and peer support
- Debrief with staff involved
- Referrals for staff to appropriate resources
- Frequent check ins with staff while on leave

Additional Strategies

- Leadership Staff Safety Rounding
- Conduct an EOC assessment for staff safety
- Provide diversions for BH patients in the ED
- Establish routine meetings with local law enforcement
- Review H.R. 1195 Workplace Violence Prevention for Health Care and Social Service Workers Act

- Debriefing Worksheet
- Broset Violence Checklist

REFERENCES/RESOURCES

- OSHA Guidelines for Preventing Workplace Violence for Health Care & Social Service Workers https://www.osha.gov/sites/default/files/publications/osha3148.pdf
- *H.R.1195 Workplace Violence legislature: https://www.govinfo.gov/content/pkg/BILLS-117hr1195rh/pdf/BILLS-117hr1195rh.pdf*
- ASHRM Workplace Violence Toolkit, *http://www.ashrm.org/resources/workplace_violence/index.dhtml*
- PA Patient Safety Advisory: Violence Prevention Training for ED Staff: http://patientsafetyauthority.org/ADVISORIES/AdvisoryLibrary/2012/Mar;9(1)/Pages/01.aspx
- Minnesota Department of Health Prevention of Violence in Health Care Toolkit http://www.health.state. mn.us/patientsafety/ preventionofviolence/toolkit. Html
- Oregon Association of Hospitals –Toolkit on WPV Prevention - https://oahhs.org/assets/documents/documents/safety/WPV/Toolkit%20all%20Sections%20with%20PDF%20index%20(no%20tools).pdf

THE END

Thank you.

Questions/comments can be forwarded to:

Monica Cooke, Quality Plus Solutions LLC

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301-442-9216

Module: Workplace Violence

CHART Institute

Improving Employee Security at Healthcare Facilities: Best Practices for Mitigating the Workplace Violence Epidemic (11/2/2022)

2019 Conference

- Workplace Violence: Expecting the Unexpected – Nancy Napolitano
- St. Lukes University Health Network Workplace Violence Threat Assessment Tool
- WPV staff assessment survey

Coverys (Available free through membership provided by CHART: Click to Learn More)

- Healthcare Facility Violence Prevention Checklist – SAMPLE
- Management of Workplace Violence – SAMPLE
- RisKey – Workplace Violence Prevention: Behavior De-escalation (Decenber 2017)
- Violence in the Workplace Poster – SAMPLE
- Violence in the Workplace: Guidelines for Management – SAMPLE
- Violence Prevention Checklist – SAMPLE
- Violent Patient Management Plan – SAMPLE
- Workplace Violence Prevention Plan Policy – SAMPLE
- Workplace Violence Self-Assessment – SAMPLE

ECRI (Available free through HSRM membership provided by CHART: Click to Learn More)

- Ask ECRI: Non-medical Discharge of Hospital Inpatients
- Ask ECRI: Patient Violence: Zero Tolerance and Patients with Underlying Conditions
- Disruptive Practitioner Behavior
- Healthcare Workplace Violence: A Preventable Problem
- Patient Violence
- Ready, Set, Go: Patient Violence
- Ready, Set, Go – Violence in Healthcare Facilities
- Sample Policy: Workplace Violence Prevention Plan
- Violence in Healthcare Facilities
- Violence Prevention in the Healthcare Workplace
- Violence Risk Assessment Tool for Home Care

American Organization for Nursing Leadership (AONL)

- AONL Workplace Violence Prevention
- Guiding Principles for Mitigating Violence in the Workplace

American Society for Healthcare Risk Management (ASHRM)

- Proactive Prevention and Reactive Response Toolkit
- Planning for an Ordinary Day Turned Violent

Centers for Disease Control and Prevention (CDC) – The National Institute for Occupational Safety and Health (NIOSH)

- Occupational Violence – Workplace Violence Prevention for Nurses
  - Additional Resources

Emergency Nurses Association (ENA)

- Active Shooter Incident Preparedness in the Emergency Department Topic Brief (Login Required)
- Violence and Its Impact on the Emergency Nurse Position Statement (Login Required)
- An Overview of Firearm Safety and Injury Prevention Topic Brief (Login Required)
- An Overview of Firearm Safety and Injury Prevention Position Statement (Login Required)

International Association for Healthcare Security and Safety (IAHSS)

- Mitigating the Risk of Workplace Violence in Health Care Settings
- Violence in Healthcare and the Use of Handcuffs

The Joint Commission

- Healthcare Workforce Safety and Well-Being
- Sentinel Event Alert 45: Preventing violence in the health care setting
- Workplace Violence Resource Portal
  - Presentations
  - Newsletters

Occupational Safety and Health Administration (OSHA) – Workplace Violence

- Enforcement Procedures and Scheduling for Occupational Exposure to Workplace Violence
- Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers
- Preventing Workplace Violence in Healthcare
- Violence Prevention Program – Online (Oregon OSHA Online Course)

Additional Resources

- AHA – Creating Safer Workplaces: A Guide to Mitigating Violence in Health Care Settings
- AHA and ASHE – Active Shooter: Best Practices for the Worst Case (Webinar recording requires Adobe Connect)
- AHRQ – Workplace Safety Supplemental Items for Hospital SOPS
- American College of Emergency Physicians (ACEP) – Protection from Violence in the Emergency Department
- American Hospital Association (AHA) – Workforce and Workplace Violence
- CRICO – Patient and Visitor De-escalation
- Critical Decisions in Emergency Medicine – Hostile Workplace: Emergency Management of the Agitated Patient Lesson 3
- Depression and Bipolar Support Alliance (DBSA) – Understanding Agitation: De-escalation (video)
- FBI – Active Shooter Planning and Response in a Healthcare Setting
- HHS – Topic Collection: Workplace Violence
- International Association of Emergency Medical Services Chiefs (IAEMSC) – Active Shooter Planning and Response in a Healthcare Setting
- Journal of Emergency Nursing – Preventing Emergency Department Violence through Design
- Medscape Nurses – Nurses Under Attack: Abuse in the Workplace
- MESH Coalition – Training: Active Shooter Training Video
- Oregon Association of Hospitals and Health Systems (OAHHS) – Workplace Safety Initiative
- Public Services Health & Safety Association – Workplace Violence Risk Assessment
- RLDatix and North Shore Medical Center – Making the Problem Human: Journey to Workplace Violence Prevention
- Virginia Hospital and Healthcare Association Hospital Workplace Violence Prevention Toolkit


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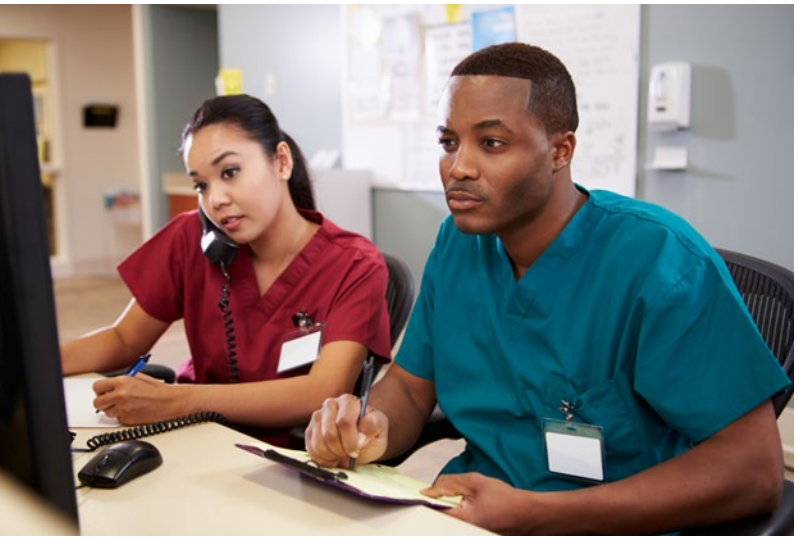
THANKS

Upcoming Webinar

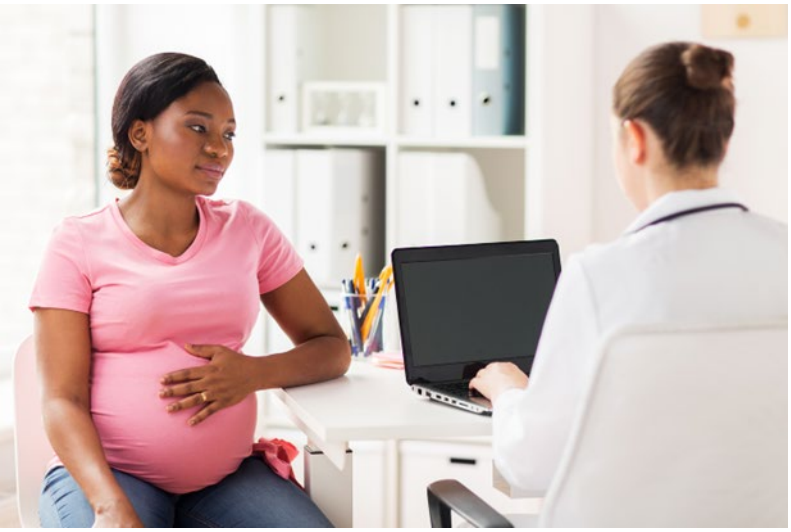


Documentation:
It's Not a Chore it's a Game Changer

Tuesday, April 25, 10:00 to 11:00 am

Ryan J. King, Esq.

Upcoming Webinar



QBL Counts!!

Thursday, May 18, 10:00 to 11:00 am

Lori Ley, PhD, MSN, RNC-OB, C-EFM

Upcoming Webinar

The Conclusion of the COVID-19 Public Health Emergency: What Telemedicine Providers Need to Know

Thursday, June 29, 10:00 to 11:00 am

Adam J. Fulginiti, Esq., &
Mary Kate McGrath, Esq.

Evaluation Form

An email with information on accessing the evaluation form will be sent to attendees tomorrow, you may use the QR Code to access the survey or stay connected until the webinar ends to be redirected to a prompt to complete the survey.

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