

Preventing & Controlling Violence in Health Care: What Have We Learned So Far?

2024 LONL Annual Conference
March 2024

Presented by

Lynda Enos, RN, BSN, MS, COHN-S, CPE

HumanFit, LLC.,

Email: HumanFit@aol.com

Author of the 'Stop Violence in Health Care' Toolkit

REGON WORKPLACE SAFETY INITIATIVE

Stop Violence in Health Care

Workplace
Violence in Hospitals:
A Toolkit for Prevention
and Management

2nd Edition, 2020

In collaboration with
Washington State Hospital Association



Disclosure

- **I have no financial interests or relationship to disclose in relation to this program/presentation.**
- **Equipment or product brand names, manufacturers or vendors seen in this presentation do not constitute endorsement of the device, equipment, product or service by HumanFit. LLC. Photographs are stock images.**

Objectives

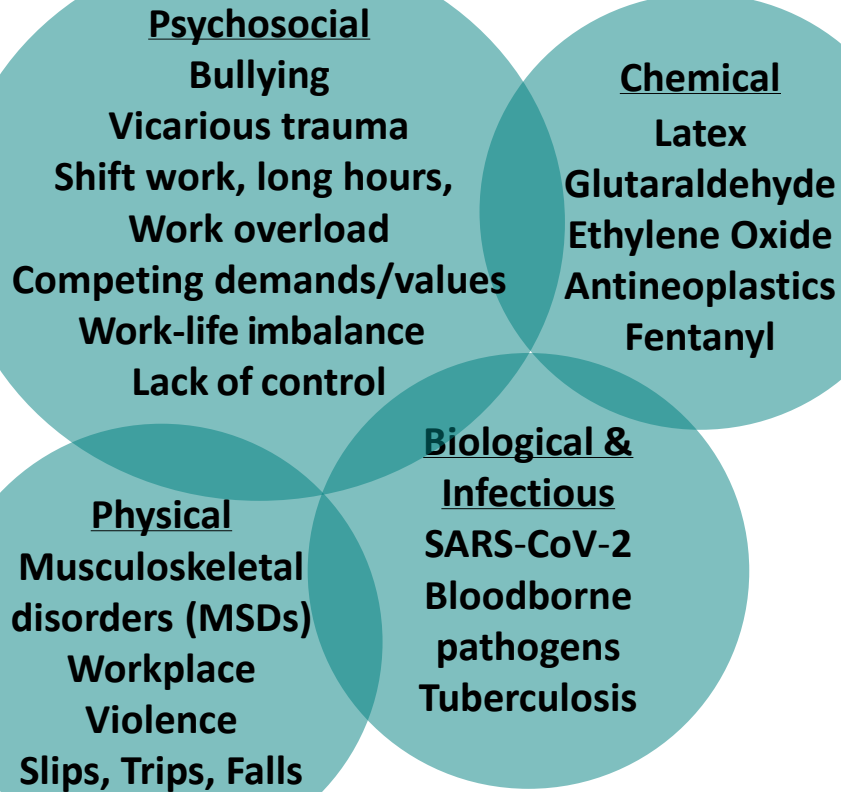
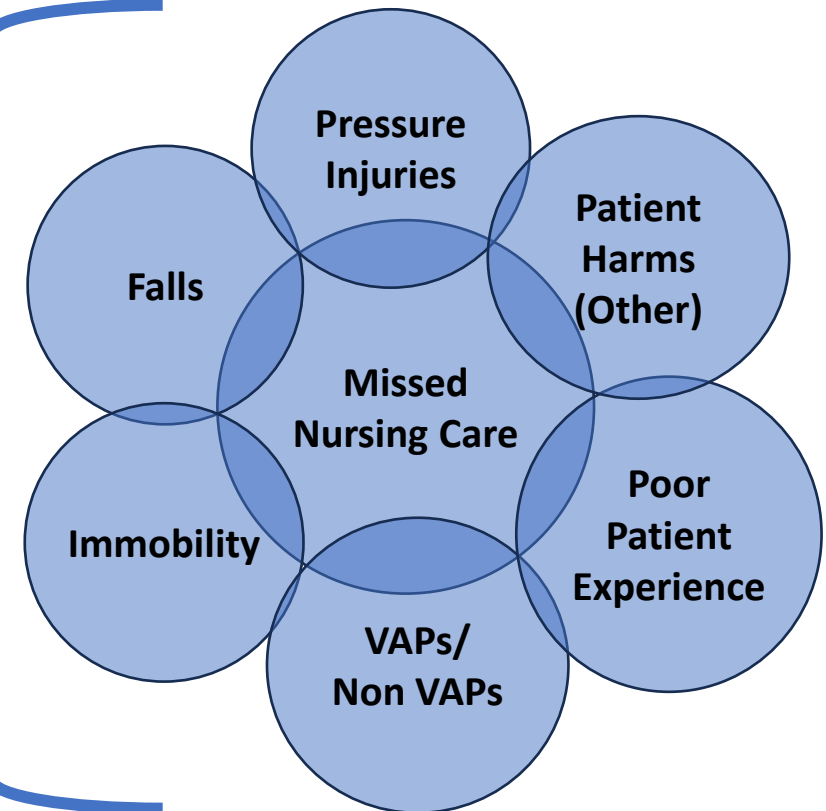
- **Define the scope and cost of WPV in healthcare to patients, healthcare workers and organizations**
- **Identify federal, state and accreditation entities WPV related regulations and standards**
- **Define an approach to developing a sustainable WPV program that includes evidence-based interventions to manage and prevent WPV**

A Systems View of Healthcare Worker Wellbeing & Patient Safety

Healthcare Worker Wellbeing

Fatigue
Injury
Absenteeism
PTSD
Error
Burnout

Patient Safety



Occupational Hazards in Healthcare

Defining Workplace Violence (WPV)



Defining Workplace Violence (WPV)



- OSHA defines workplace violence as 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 (e.g., hitting, kicking, biting, shoving, stabbing, sexual assault etc.) and even homicide.

- Acts of workplace violence can be perpetrated by staff, patients, visitors, customers, vendors or others.

Defining Workplace Violence (WPV)



- **Workplace violence also includes acts of violence by individuals with cognitive impairments, mental illness, or brain injury.**
- **The perpetrator’s inability to form “intent” is not a reason to not label behavior as violent.**

Act 461 Workplace Violence Prevention Law - Louisiana

- "Workplace violence" means violent acts, including battery or the intentional placing of another person in reasonable apprehension of sustaining battery, directed toward persons at work or on duty with their employment.



[This Photo](#) by Unknown Author is licensed under [CC BY-NC](#)

Defining Workplace Violence (WPV)

- *The Joint Commission (Workplace Violence Prevention Standards effective Jan 2022) defines violence as:*

“An act or threat occurring at the workplace that can include any of the following: verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors of concern involving staff, licensed practitioners, patients, or visitors.”



Defining Workplace Violence

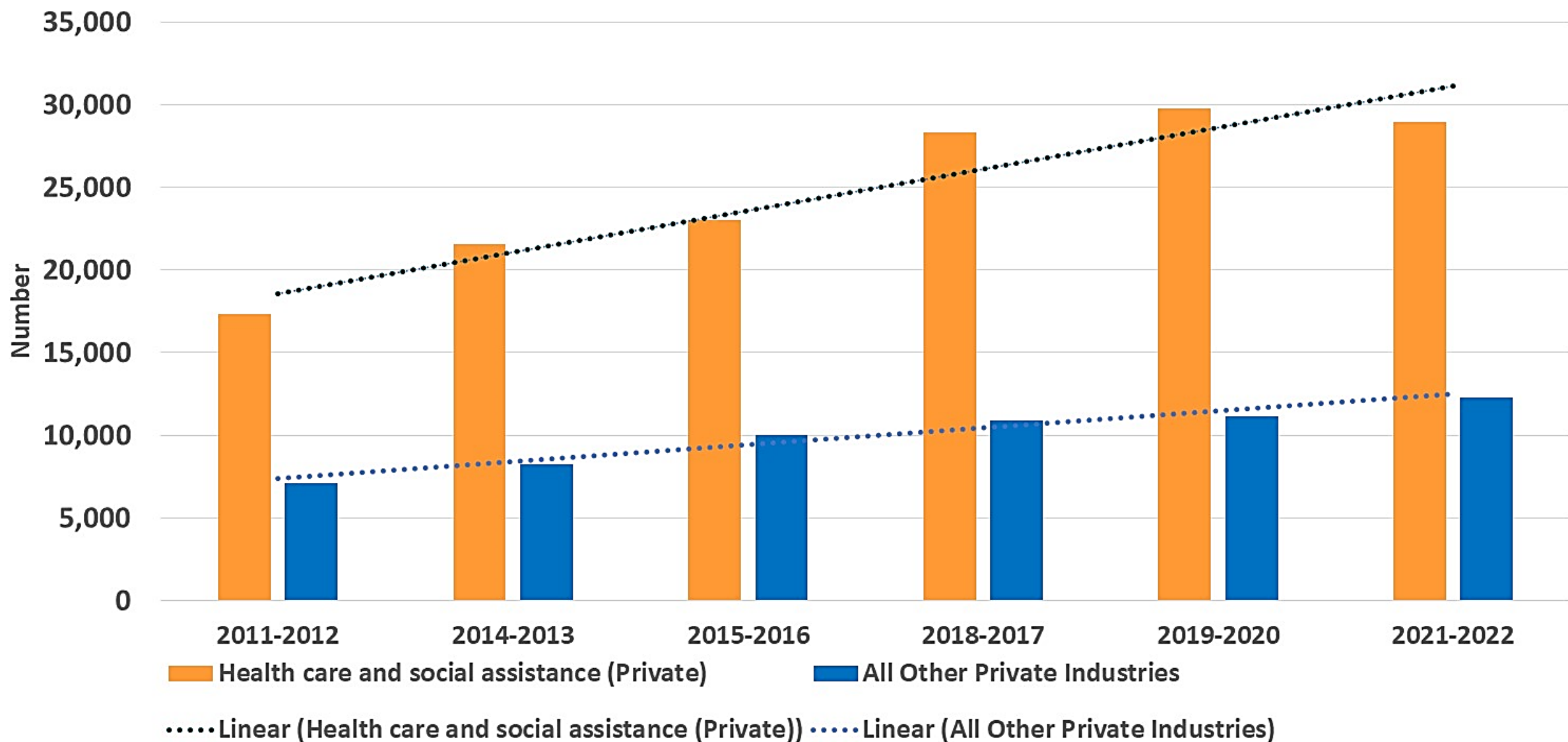
- **Type I (Criminal Intent)**: Results while a criminal activity (e.g., robbery) is being committed and the perpetrator has no legitimate relationship to the workplace.
- **Type II (Customer/client)**: The perpetrator is a customer or client at the workplace (e.g., health care patient) and becomes violent while being served by the worker.
- **Type III (Worker-on-Worker)**: Employees or past employees of the workplace are the perpetrators.
- **Type IV (Personal Relationship)**: The perpetrator usually has a personal relationship with an employee (e.g., domestic violence in the workplace).

(NIOSH, 2013)

The Scope of WPV in Health Care



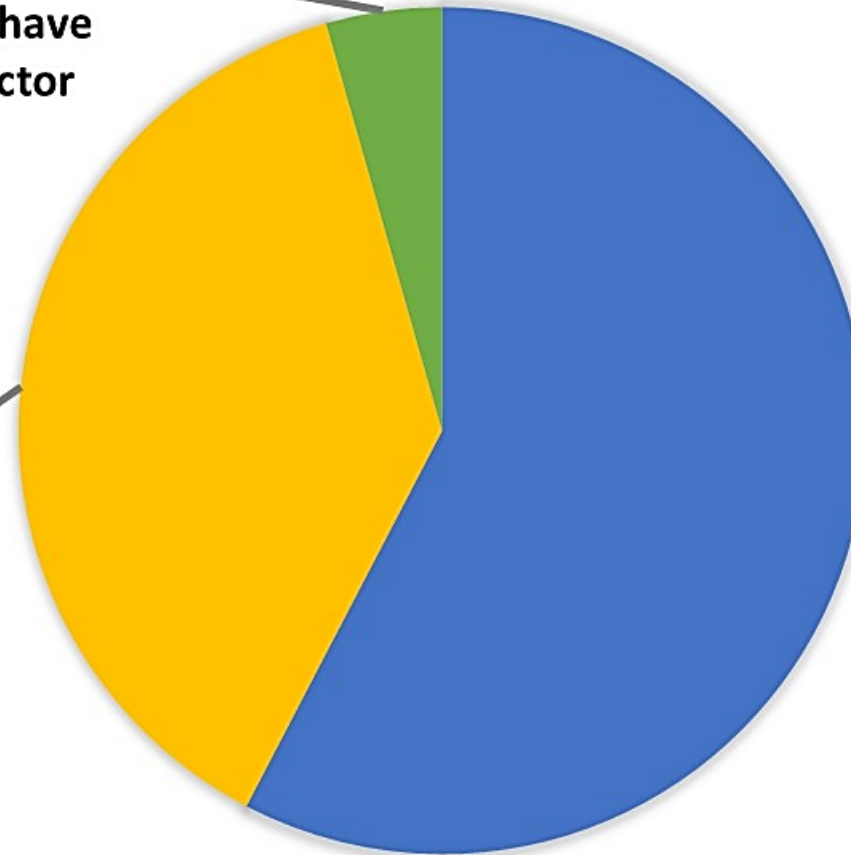
Number of Annualized Nonfatal Workplace Violence Injuries & Illnesses With Days Away From Work, 2011-2022 From Intentional Injury by Other Person



Annualized incidence rates for nonfatal occupational injury and illness involving days away from work, restricted activity, or job transfer (DART) per 10,000 full-time workers by private healthcare Industry, 2021-2022
Intentional Injury by Other Person

**Ambulatory health care services, Rate 2.6,
Offices of physicians, mental health
specialists and Ambulance Services have
highest incident rates within this sector**

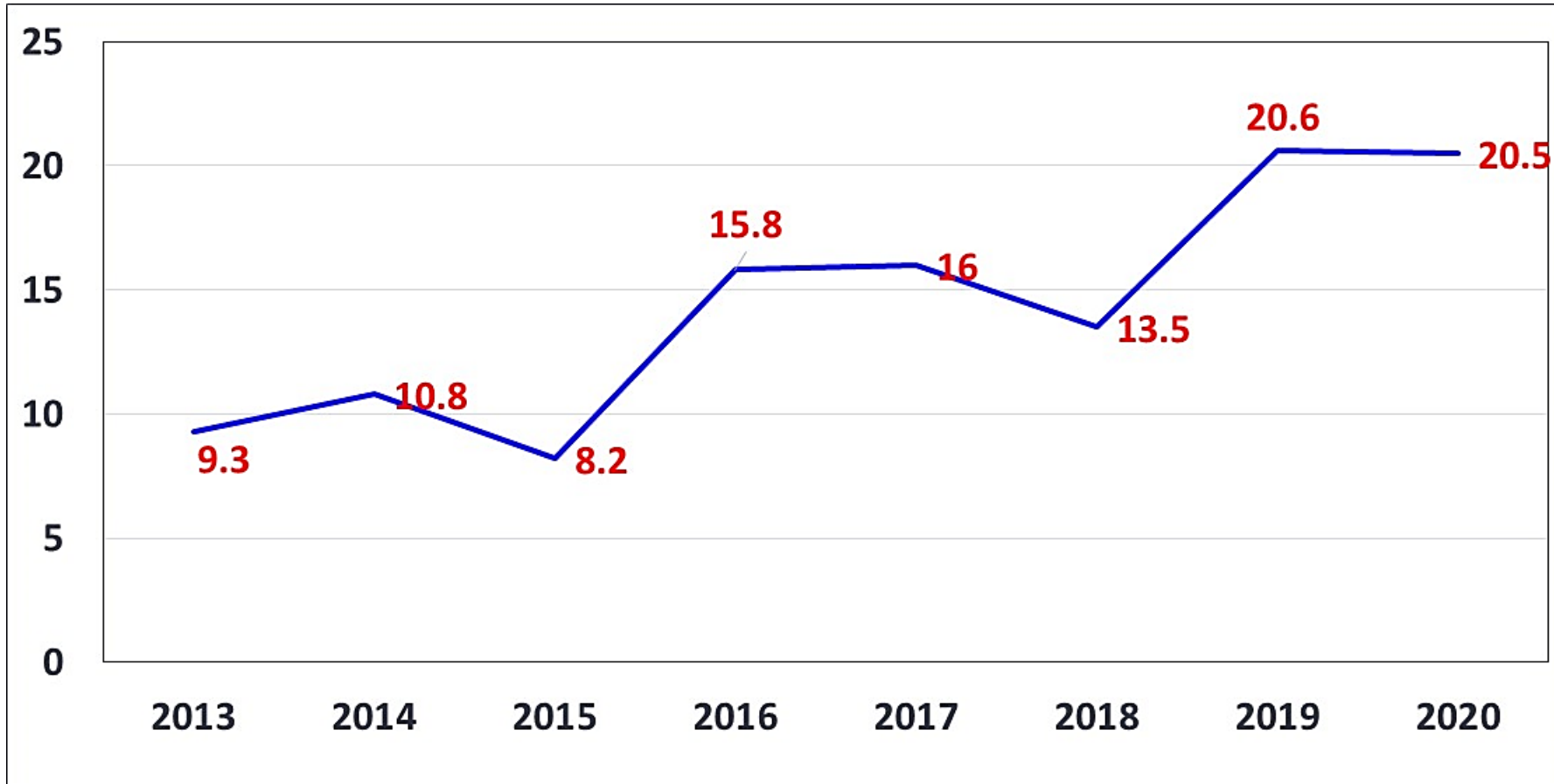
**Hospitals, Rate 22.3,
Psychiatric and
substance abuse
hospitals had highest
incident rates within this
sector**



**Nursing and residential care
facilities, Rate 33.9,
Residential intellectual and
developmental disability,
mental health, and substance
abuse facilities & other
Residential care facilities had
highest incident rates within
this sector**

LA – Violence - Intentional Injury by Other Person

Healthcare Practitioners and Technical Occupations & Healthcare Support Occupations Injuries with days away from work per 10,000 workers - Private Sector 2013-2020



Tables 18. Incidence rates 1 for nonfatal occupational injuries and illnesses involving days away from work 2 per 10,000 full-time workers by selected worker characteristics, major occupational group, and selected events or exposures leading to injury or illness, private industry, Louisiana, 2013-2020. https://www.laworks.net/downloads/downloads_osh.asp

WPV in Health Care During The Pandemic



- In 2020, RNs experienced a **35%** and CNAs a **18%** increase in rate of intentional and non-intentional violence related injuries involving days away from work per 10,000 full-time workers as compared to 2019 in both Hospitals and Nursing Homes (BLS, 2021)
- American Nurses Foundation Survey 2022: **53%** of nurses having reported an increase in verbal abuse since the pandemic began (ANF, 2023)

<https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/survey-series-results/>

WPV in Health Care – Scope of the Issue



- Healthcare & social assistance workers are nearly five times more likely to be injured & require time away from work as a result of WPV (BLS, 2020)
- Highest rates of WPV in hospitals usually in the ED & Behavioral Health, but also the ICU and Med-Surg, and high rates in Long Term Care
- 2 Nurses per hour are assaulted in US hospitals (in 2Q 2022) *Press Ganey Sept 2022*

<https://www.pressganey.com/news/on-average-two-nurses-are-assaulted-every-hour-new-press-ganey-analysis-finds/>

WPV in Health Care – Scope of the Issue

- Perpetrator mostly the patient (verbal & physical abuse)
- Lack of data about WPV in health care in non-hospital settings
- High level of underreporting



[This Photo](#) by Unknown Author is licensed under [CC BY-ND](#)

WPV in Health Care – Scope of the Issue

Sexual Harassment and Abuse

- Prevalence of sexual harassment of female nurses is high worldwide
- Research is in its infancy
- In one systematic global review:
 - The prevalence of sexual harassment against female nurses was 43.15% with a range 10 to 87.30%.
 - Victims suffered high rates of mental, emotional, and physical consequences

Kaysay et al., 2020



WPV in Health Care – Scope of the Issue

Active Shooter Events

- Between 2000 and 2021, of the 494 Active Shooter incidents in the US 17 (3.4%) were in healthcare settings as reported by the FBI. (FBI, 2021, 2022, 2023)
- The ED most common site of gun violence (29 percent), then patients' rooms (24 percent)
- Motivation - holding a grudge (33%), a result of social violence (15%), attempting to escape the facility (14%), and suicide (11%)
- Majority of perpetrators are male
- Most common victim of shootings in health care facilities is the perpetrator (45%)



The Cost of WPV in Health Care



The Cost of WPV to Employers & Patients

Direct Costs

(Largely Workers Comp - Medical care/time away from work)

Indirect Costs

(e.g., temp and permanent staff replacement costs)

Operational Losses/Costs

- Impact of psychological stress, PTSD, burnout, presenteeism, etc.
 - Increased sick leave & staff turnover
 - Reduced quality of care/service
 - Decreased efficiency
 - ‘Human’ error & accidents
- Increased
 - Insurance costs
 - Property damage
 - Litigation
 - Security needs – personnel; equipment; modifying facility design
 - Regulatory noncompliance

The Pandemic

The Cost of WPV to Employees



- **Death**
- **Physical injury & disability**
- **Physical symptoms include loss of strength, chronic fatigue, sleeplessness, and stroke and even suicide**
- **Psychological stress e.g., fear, anger, sadness, PTSD**
- **Bullying is especially associated with:**
 - **Poor mental health**
 - **Low self-esteem, hostility, nervousness, hypersensitivity, anxiety, irritability, depression and social isolation, PTSD**
 - **Decrease in cognitive abilities leading to impaired clinical judgement**

The Cost of WPV to Health Care Organizations

- Violence against health care providers in the health care industry, generates at least **\$540 million** a year in workers compensation costs.

(Liberty Mutual, 2020 Workplace Safety Index)

- The estimated cost of community violence for U.S. hospitals and health systems was approximately **\$2.7 billion in 2016**. \$1.5 billion of that is directly related to security and medical care for injured employees.

(American Hospital Association, 2017)

- Estimated that *incivility* in healthcare costs more than **\$4 billion** annually due to turnover of staff, lost time, and productivity and time spent training new employees.

(Spiri et al. 2016)

WPV Standards & GuidelinesA Quick FYI



WPV Legislation & Standards

- **Federal**

- **OSHA – General Duty Clause** <https://www.osha.gov/laws-regs/oshact/section5-duties>
- **OSHA – Feb 2023: Proposed Standard ‘Prevention of Workplace Violence in Healthcare and Social Assistance’**
https://www.osha.gov/sites/default/files/WPV_SER_Materials-PIRFA_Document.pdf
- **April 18, 2023 - Workplace Violence Prevention for Health Care and Social Service Workers Act (S. 1176 and H.R. 2663)**
https://www.baldwin.senate.gov/imo/media/doc/workplace_violence_prevention_act_of_2023_bill_text.pdf
- **H.R. 2584, the Safety from Violence for Healthcare Employees (SAVE) Act.** https://bucshon.house.gov/uploadedfiles/bucsho_010_xml.pdf



Louisiana Act No. 461 WPV Law: Quick Review

Licensed healthcare facilities must address and prevent workplace violence

1. Post certain cautionary **signage**
2. Develop a healthcare **workplace violence prevention plan**
 - a) Annual (at a min.) **WPV education and training** HCWs who provide direct care to patients
 - b) A system for **responding to and investigating incidents/situations of WPV**
 - c) Annually (at a min.) a system for **regularly assessing and improving factors** that may contribute to or help in preventing WPV (staffing; security systems; job design, equipment & facilities; security risks facility)

Louisiana Act No. 461 WPV Law: Quick Review

3. A written safety and security plan is maintained and made available to its employees
4. A written safety and security plan - made available to its employees
5. All permanent and temporary employees know the WPV prevention plan
6. WPV prevention plan is always maintained and in effect
7. WPV reporting requirements
8. No retaliation against employees who report WPV

DOH may implement specific rules

WPV Legislation & Standards - Louisiana



- **CHAPTER 47. PRIVATE CONTRACT SECURITY COMPANIES /Private Security Regulatory and Licensing Law RS3270 – 3299**
<http://www.legis.la.gov/Legis/LawSearch.aspx>
- **§3273. Louisiana State Board of Private Security Examiners; creation; qualification; domicile; term of office; confirmation; oath of office; compensation** <https://lsbpse.com/>
- **§3284. Training of security officers; requirements**

WPV Legislation & Standards - Louisiana Act No. 129

**SB-136-Act-129_Protections-for-ER-
Personnel-EMS-and-healthcare-
professionals**

**Act No. 129 Revised Statutes - Title 14
Criminal Law**

**Battery and Assault of emergency
room personnel, emergency services
personnel, or a healthcare professional**



WPV Legislation & Standards – The Joint Commission

WPV Prevention Standards

- **Effective January 1, 2022**
 - Changes to Environment of Care, Human Resources and Leadership Chapters
 - Applicable to Hospital & Critical Access hospital accreditation Programs

<https://www.jointcommission.org/standards/r3-report/r3-report-issue-30-workplace-violence-prevention-standards/#.Yjiyl-fMK70>

- **Effective July 1, 2024**

New and revised workplace violence prevention requirements for all Joint Commission-accredited behavioral health care and human services (BHC) organizations.

<https://www.jointcommission.org/standards/prepublication-standards/new-and-revised-workplace-violence-prevention-requirements/>



Why WPV Occurs in Health Care & the Relationship to Workplace Culture



Why WPV Occurs in Health Care

Patient Related Risk Factors

- **Patient Behavior e.g.,**
 - **Clinical factors - cognitive impairment i.e., substance abuse & mental illness; dementia, neurological trauma**
 - **Patient demanding and/or attempting to leave**
- **Patient Care – pain/discomfort, physical transfers, needles**
- **Situational Events – restraints, transitions, intervening, redirecting**



WPV Occurs in Health Care



- **Organizational Risk Factors** e.g., wait times, communications, staffing, lack of effective training, working alone, working with cash and/or narcotics, lack of situational awareness, lack of/compliance with policies & procedures
- **Environmental Risk Factors** e.g., noise, crowded waiting areas, open access, poorly lit areas

Why WPV Occurs in Health Care

Social and Economic Risk Factors e.g.,

financial stress, domestic violence, ethnic conflict, access to weapons

- "Revolving Door" Syndrome
 - There is a vicious cycle that sometimes links workplace violence, psychiatric treatment, and the "revolving door"

Workplace Violence Prevention for Nurses CDC/NIOSH, 2012

<http://www.cdc.gov/niosh/topics/healthcare/default.html>

Why WPV Occurs in Health Care

- The Joint Commission analyzed 365 reports from their Sentinel Event Database categorized as assault, rape and homicide (combined) from 2013-2018.
- They reported that the most common "root causes of these events were:
 - **Human factors** e.g., failures in staff supervision, staffing levels, complacency
 - **Leadership** e.g., issues related compliance with policies and procedures, and organizational culture
 - **Communication** e.g., failures between staff; between staff and patients or family
 - **Patient assessment** e.g., Lack of or inadequate behavioral health assessment to identify aggressive tendencies in patients and patient observation

Why WPV Occurs in Health Care

- **Lateral Violence/Bullying**

Endemic in organization's culture

- Some organizations' norms might enable bullying while laying the blame on individuals.

Organizational factors include:

- Organizational volatility,
- Leadership styles (i.e., authoritative and laissez faire/autocratic, productivity and financial focus only), and the
- Hierarchical nature of workplaces
- The lack of autonomy; high workload/demand in nursing
- Lack of perceived competency (nursing)



The Relationship Between Type II & Type III Violence

- Increase prevalence of Type II and Type III violence where there is a poor organizational climate of safety
- New and early-stage research indicates a greater occurrence of patient physical aggression to injury in behavioral health facilities where coworker bullying is prevalent and tolerated as part of the work culture
- Health care workers who are exposed to Type II and Type III violence suffer long-term negative health in organizations where there is lack of post exposure support



Barriers to Implementing Effective WPV Programs (or any Safety program) - Organizational Culture



- Leadership style
- Patient safety focus vs. worker safety
- Competing demands - reimbursement, regulatory, resources
- Lack of systems approach to services provided (silos) & to worker safety programs
- Problem solving approach = blame the worker (human error)

Barriers to Implementing Effective WPV Programs (or any Safety program) - Organizational Culture

- Underestimate true cost of worker injuries and relationship to patient safety and delivery of care
- Facilities unaware of full scope of WPV and relationship to other programs
- Staff turnover



Barriers to Implementing Effective WPV Programs - Organizational Culture

Barriers to reporting WPV:

- The severity of the incident (did staff get injured)
- The condition of the patient/perception of what is 'violence' by workers
- Whether someone else reported the incident
- No clear policy
- Complicated reporting process
- Fear of retaliation
- Poor management response
- Personal barriers – stigma by coworkers, normalizing
- Response by law enforcement & legal system



Overall

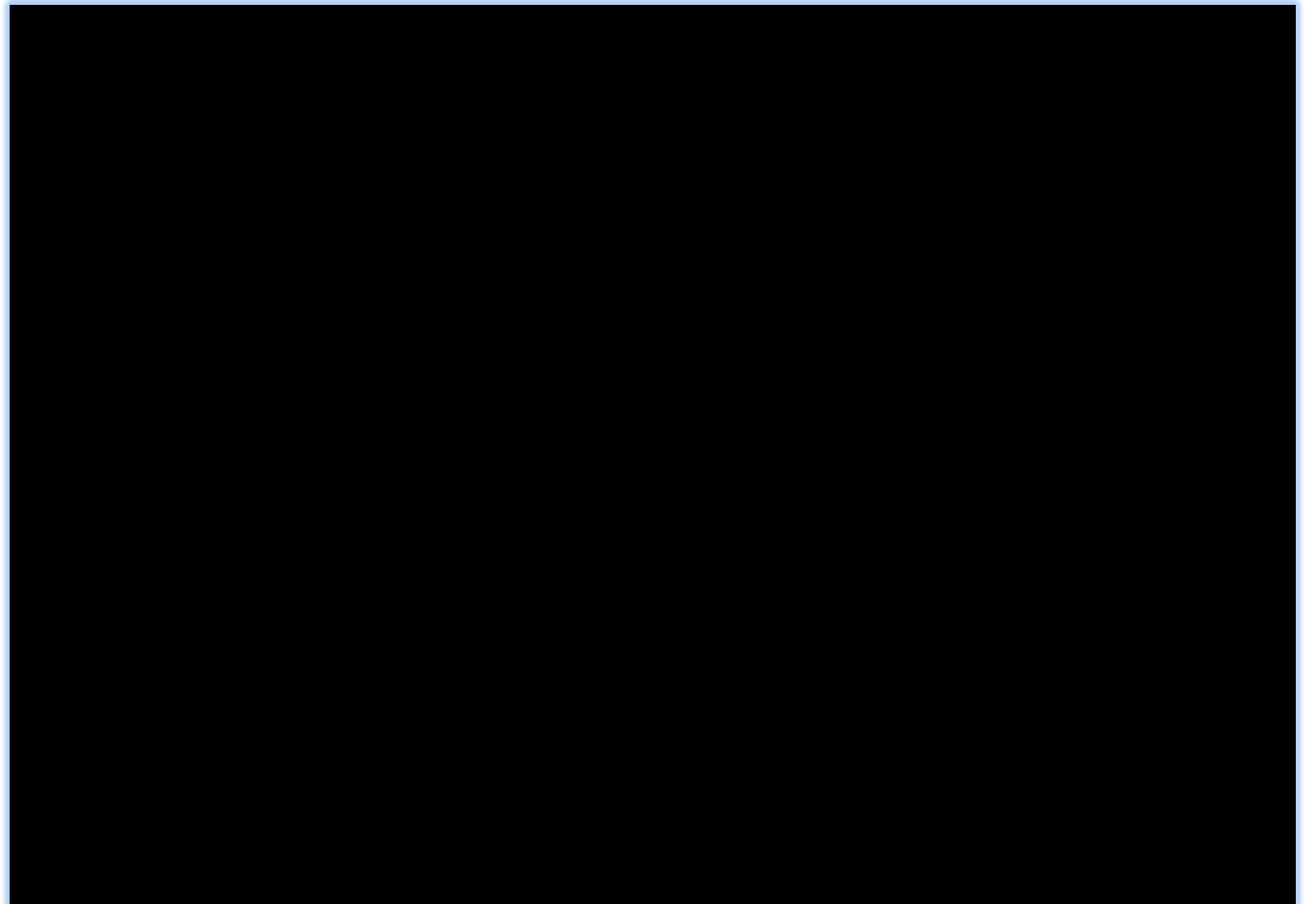
Is exposure to violence/getting hurt at work just part of the job for health care workers?

Barriers to Implementing Effective WPV Programs - General

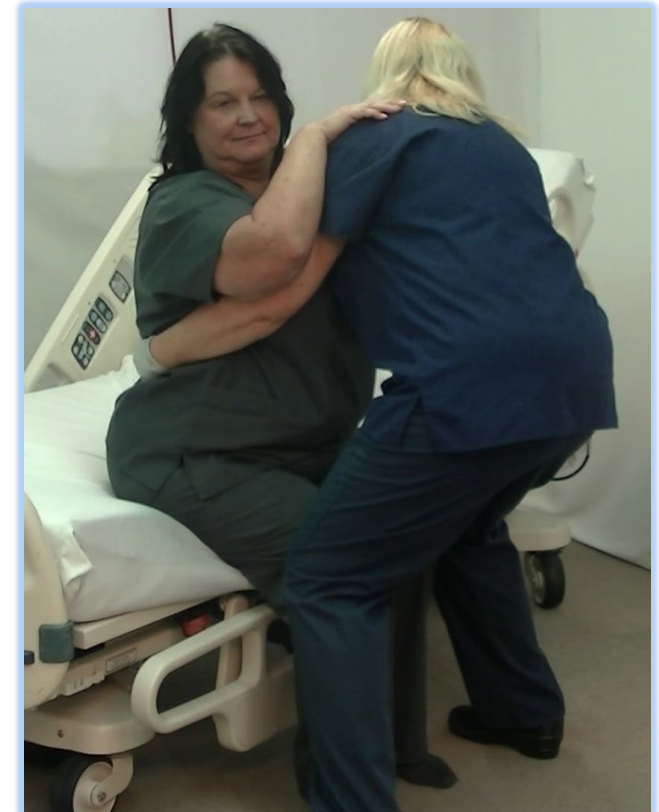
- Inconsistent definition of WPV
- Lack of long-term systematic studies about what makes an effective *WPV program*
- ? Effectiveness of interventions (security equipment, training, policies & procedures etc.)
- Need for standardized validated & user-friendly patient risk for WPV tools
- Weak social service and law enforcement approaches to mentally ill patients
- Need for expert in safety/security to conduct walkthrough assessments



What's has a 400 lb Male Silverback Gorilla got to do with this?



WPV and Safe Patient Mobility





Creating a Culture of Worker & Patient Safety: The Precondition for Successful Safety Programs



Creating a Culture of Safety in Health Care

“Workforce safety is inextricably linked to patient safety. Unless caregivers are given the protection, respect, and support they need, they are more likely to make errors, fail to follow safe practices and not work well in teams.”

**Through the Eyes of the Workforce: Creating Joy, Meaning, and Safer Health Care.
The Lucian Leape Institute at the National Patient Safety Foundation Feb 2013
<http://www.ihf.org/Topics/Joy-In-Work/Pages/default.aspx>**

Joy and Meaning of Work and Worker Safety



- **Meaning:** The sense of importance of an action
- **Joy:** The emotion of pleasure, feeling of success, and satisfaction as a result of meaningful action
- **Workforce Safety:** Physical and psychological freedom from harm, neglect, and disrespect – a precondition to Joy and Meaning

National Patient Safety Foundation 2013

To Find Joy and Meaning in Daily Work

Workers should be able to answer 'Yes' ask the following:

1. Am I treated with dignity and respect by everyone, every day, in each encounter, without regard to race, ethnicity, nationality, gender, religious belief, sexual orientation, title, pay grade, or number of degrees?
2. Do I have what I need: education, training, tools, financial support, encouragement, so I can make a contribution to this organization that gives meaning to my life?
3. Am I recognized and thanked for what I do?



Actions to Advance Joy and Meaning in a Workforce

1. Establish a goal of zero harm (physical and psychological) for your workforce.
2. Create a learning system in which every member of your workforce learns, understands, and demonstrates respect and safe behaviors with a commitment to 100% compliance.
3. Create a real-time, transparent, timely measurement system to measure physical and psychological harm.
4. Create a multidisciplinary, reliable process for responding to physical and psychological harm involving all relevant departments and disciplines (Patient Safety, Risk Management, Quality, Occupational Health, Employee Assistance, Human Resources, Clinical Leadership, and others).

Health Care Worker Safety = Patient Safety



Safer Together: A National Action Plan to Advance Patient Safety (IHI, 2020)

4 foundational and interdependent areas prioritized as essential to create total systems safety

1. Culture, Leadership, and Governance

2. Patient and Family Engagement

3. Workforce Safety:

- Ensuring the safety and resiliency of the organization and the workforce is a necessary precondition to advancing patient safety; we need to work toward a unified, total systems-based perspective and approach to eliminate harm to both patients and the workforce

4. Learning System

Safer Together: A National Action Plan to Advance Patient Safety. Boston, Massachusetts: Institute for Healthcare Improvement; 2020. www.ihl.org/SafetyActionPlan

Health Care Worker Safety = Patient Safety

- NIOSH - *Total Worker Health*® Program
<https://www.cdc.gov/niosh/twh/default.html>
- National Academy of Medicine. National Plan for Health Workforce Well-Being, 2022
<http://nap.nationalacademies.org/26744>
- WHO - Global Patient Safety Action Plan 2021-2030 and Health worker safety: a priority for patient safety
<https://www.who.int/>

Resources for Health Care Worker Well-Being: 6 Essential Elements



Source: www.nam.edu

Components of Effective, Sustainable WPV Programs in Health Care & the Role of Leadership



Prevent



Respond



Care & Support



Learn

The Health Care Continuum & WPV Prevention



**Hospitals - General Med-Surg/
Psych & Substance Abuse/Specialty**



Emergency Services (EMS)

Ambulatory Surgical Centers

Physician Offices/Rehabilitation

Nursing Homes/SNFs

**Residential Care & Assisted
Living Facilities/Memory Care**

Home Health/Home Care & Hospice



Components of Effective & Sustainable WPV Programs in Health Care (*We Think!*)

Program Foundation and Management

A. Management Commitment & Leadership

B. Employee Participation

C. Written Policies* *Zero-Tolerance Policy*

D. Program Management

- Program Champion
- Program Manager/Coordinator
- WPV Committee/Team
- Program Plan*

E. Communications/Social Marketing (*Signage**)



*Required by LA WPV Law

Management Commitment & Leadership

Facility Culture and Accountability

- Senior leaders in your organization:
 - Have knowledge about WPV and their role and responsibilities within the WPV program
 - Declare violence prevention a priority
 - Communicate and demonstrate to employees that worker safety and security are as important as patient safety
 - Aligns WPV efforts with quality and safety plans
 - Assign responsibility and accountability for the implementation and maintenance of the program



Management Commitment & Leadership

Facility Culture and Accountability

- Ensure that a comprehensive workplace WPV policy is developed, communicated, implemented, and evaluated
- Ongoing resources (e.g., time, materials, funding) are provided for:
 - Identifying and mitigating hazards and risks
 - A facility champion & project coordinator
 - WPV committee
 - Effective worker training
 - On-going evaluation and maintenance of the program
 - Proactive facilities design



Management Commitment & Leadership

Facility leaders set clear safety goals and expectations

- Employees are aware that violence is not an accepted part of their job
- Patients/visitors are made aware that violence will not be accepted
- Roles and responsibilities of all employees within the WPV program are clearly communicated
- Expectations and leadership support for reporting all incidents of WPV are clearly communicated and a user-friendly process for reporting is provided
- Employees are informed of what actions are being taken after events to prevent future violence
- Front line caregivers are engaged in devising the solutions to a safer workplace and their efforts are recognized

Employee Participation

Management support *ongoing* employee engagement and employees actively participate in:

- The safety/violence prevention planning process
- Identifying safety/violence related hazards
- Reporting an injury, hazard, or concern, including near misses
- Identifying safety solutions, WPV safety equipment and processes
- WPV/safety audits & walkthroughs
- Participating in the WPV committee



Employee Participation

Management support ongoing employee engagement and employees actively participate in:

- Education and training
- Safety champion/coaching programs
- ‘Safety’ huddles for training, feedback and kudos
- Executive/management rounding
- Security/physical safety considerations in new building or remodeling projects
- Evaluating and updating the program



Components of Effective & Sustainable WPV Programs in Health Care *(We Think!)*

F. Hazard Identification/Assessment *

- Worker Injury/Incident Data Analysis
- Worker/Patient Surveys
- Gap Analysis
- Safety & Security Assessment of the Physical Work Environment

G. Hazard Prevention & Control*

- Engineering Controls
- Administrative & Work Practice Controls

Risk Assessment

Severity	Disaster	High	Medium	Minimal
Probability				
Regularly	Critical	Critical	High	Medium
Probable	Critical	High	Medium	Medium
Occasional	Critical	High	Medium	Medium
Rarely	High	Medium	Medium	Low

Components of Effective & Sustainable WPV Programs

Hazard Prevention & Control



Engineering Controls (Not all inclusive) e.g.,

- Improving visibility e.g., the use of
 - Closed-circuit video surveillance systems
 - Adequate lighting in/outside buildings
 - Treatment spaces and offices with windows
- Securing furniture or using weighted furniture to reduce risk of being used as a weapon
- Safe Assessment Rooms (SARs)
- Controlled access to buildings
- Security/silenced alarm systems
- Barrier protection to work areas
- Exit routes including safe rooms for emergencies
- Noise barriers
- Metal detector systems
- Design of patient areas for de-escalation; comfort to reduce stress
- Travel vehicles are properly maintained; barriers are present

Components of Effective & Sustainable WPV Programs

Hazard Prevention & Control

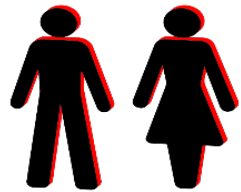
Type of Behavior exhibited by:	Patient Others	Document/describe behavior Specify Other (e.g. parent, spouse, etc.)
Known risk factors (i.e. wait times, pain level, fear)	List factors	
Behavior	Level of Risk	Intervention
No Observed Behavior	LOW	No intervention required
History of violence or Uncooperative or Verbal abuse	Moderate (Intervention required)	List Intervention or refer to policies and procedures
If YES to any 1 of the behaviors in orange shaded area or if there are 2 or more in the non-shaded area	HIGH (Preventative Measures Required)	List Measures or refer to policies and procedures

Administrative and Work Practice Controls (not all inclusive)

- Incident Reporting
- Identifying and Tracking Patients/Visitors at High Risk for Violence e.g., Use of validated risk assessment tools to identify and communicate the risk of patient violence
- Response protocols based on level of threat & root cause of violence
- Incident Response e.g., use of Behavioral health rapid response teams (BHRRTs)
- Post Incident Procedures & Support
- Incident Investigation
- Work planning, staffing & scheduling
- Safety protocols for Employees Working Alone or in Higher Risk Situations
- Entry Procedures
- Transportation Procedures
- Security Personnel & Rounding
- Mock drills
- Managing patient communications and expectations

Identifying and Tracking Patients/Visitors at Risk for Violence – Process Summary

Patient arrives in ED/on Unit



RN completes WPV Assessment/ Screening Tool



If low risk/negative – no intervention

If Positive/Risk of Violence



Response/Intervention based on level of risk & cause of violence

Communication & Documentation

- Care plan
- Visual alerts
- Communication to team, patient, family & to community partners

Periodic Reassessment



Safe Delivery of Patient Care

Adapted from Behavioral Universal Precaution Program – Loftus et al, 2018

Components of Effective & Sustainable WPV Programs in Health Care (*We Think!*)

H. Education & Training*

- Have a plan (*sample in WPV Toolkit*)
- Tailored to staff groups/disciplines & stratified risk levels related to work roles within the organization
- Have clearly defined goals with measurable outcomes
- Measure effectiveness of training (can and do staff use skills taught)

I. Ongoing Program Evaluation & Proactive Hazard Prevention*

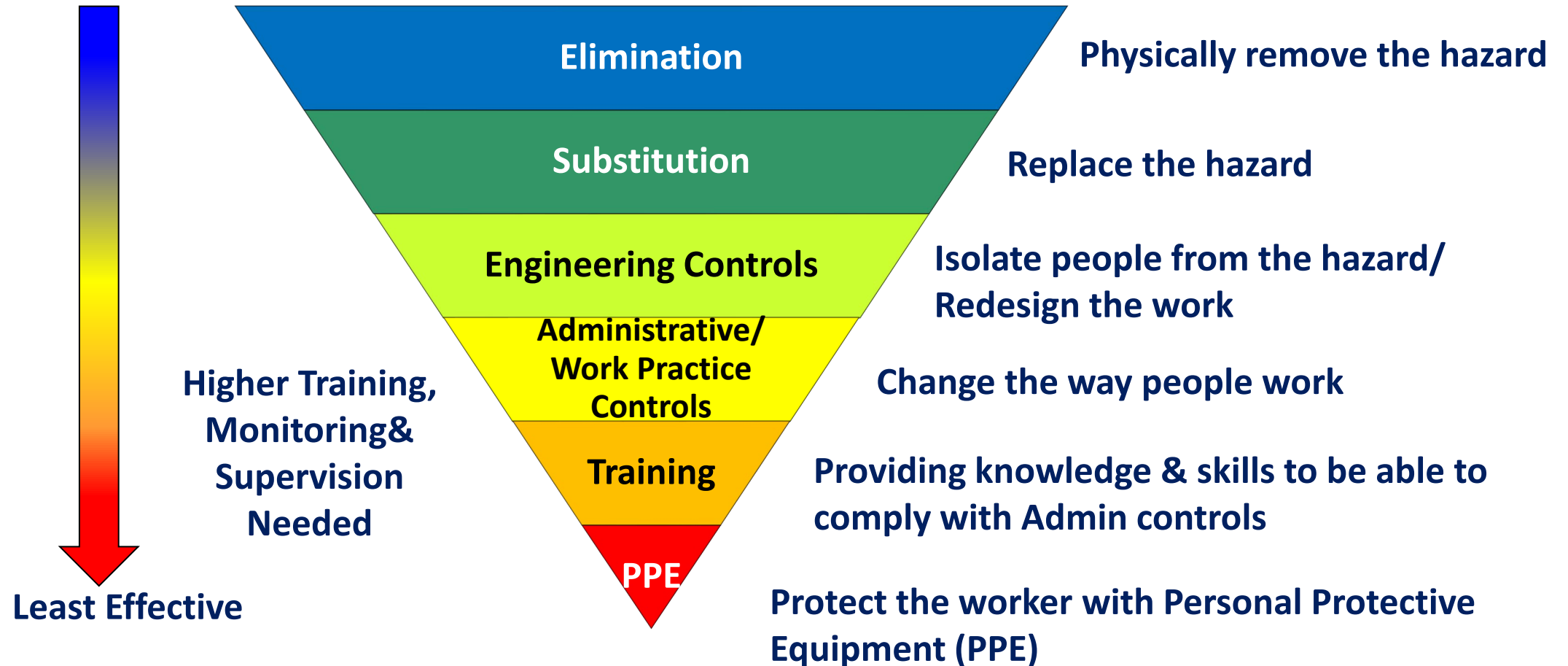
J. Processes to improve the patient or client experience



Multifaceted programs are more effective than any single intervention

Hierarchy of Controls to Reduce Risk of WPV in Health Care

Most Effective & Sustainable

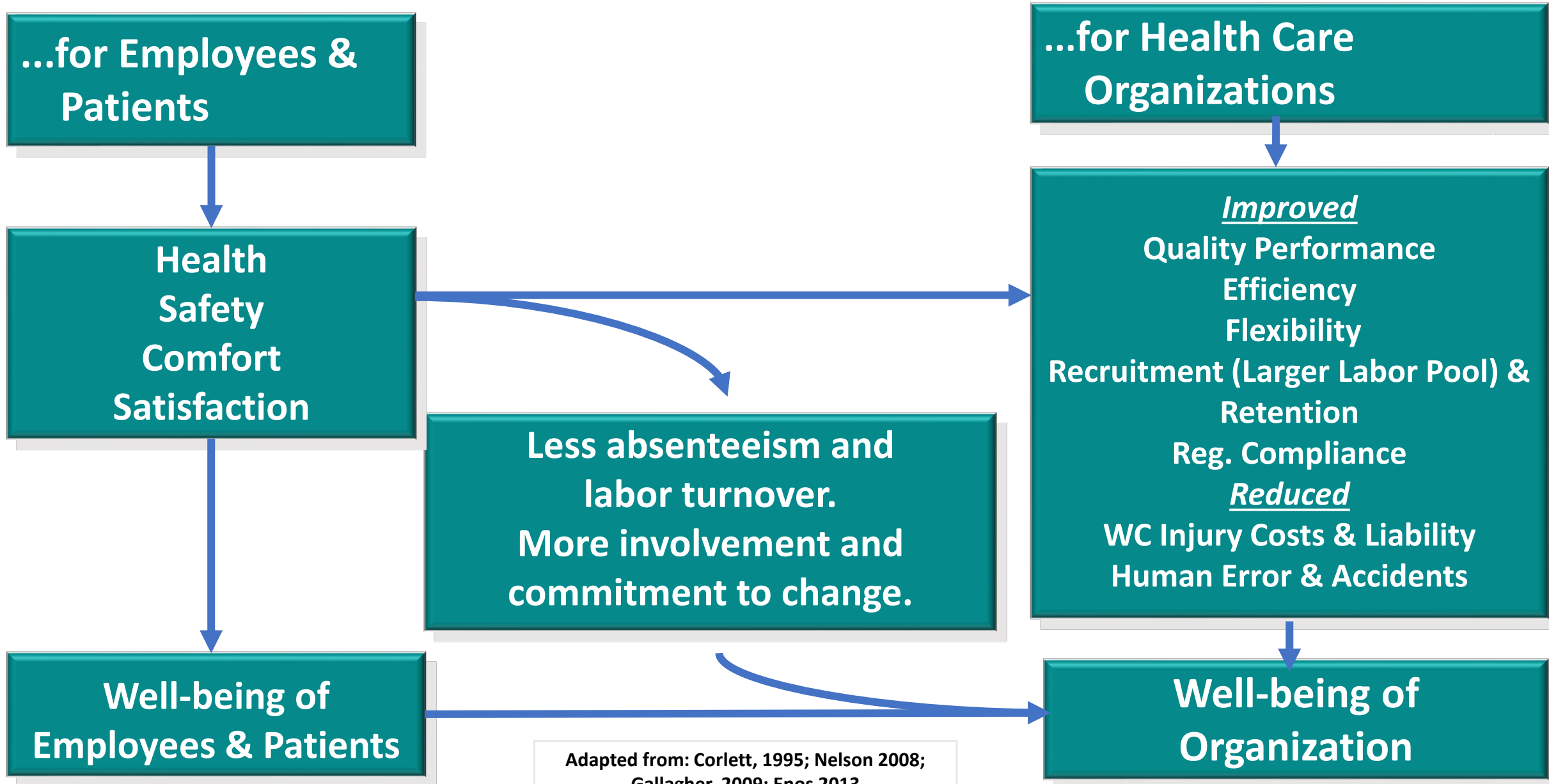


Tips for Success *(For Any Program!)*

- Have a plan, set measurable goals and evaluate them often
- Use economic modeling to show program return on investment
- Start small, test pilot and demonstrate successes
- Choose evidence-based interventions and use existing resources.....*don't reinvent the wheel*
- Don't forget to involve all stakeholders including patients & families
- Plan for program sustainability & to using proactive measures
- Maintain management support and employee engagement
- Market & communicate the program and your successes
- **Treat patient and employee safety with equal emphasis**



Benefits of HCW Safety Programs in Health Care



Adapted from: Corlett, 1995; Nelson 2008; Gallagher, 2009; Enos 2013

Effective WPV Programs: Outcomes - Selected

Limited outcome data overall

- Evidence based interventions listed in the Oregon Toolkit for Prevention and Management of WPV (Section 5) www.oahhs.org/safety
- The VA WPV Program
<https://www.jointcommission.org/resources/patient-safety-topics/workplace-violence-prevention/us-department-of-veterans-affairs/>
- Case studies listed in the Oregon Toolkit and on the Joint Commission WPV webpages

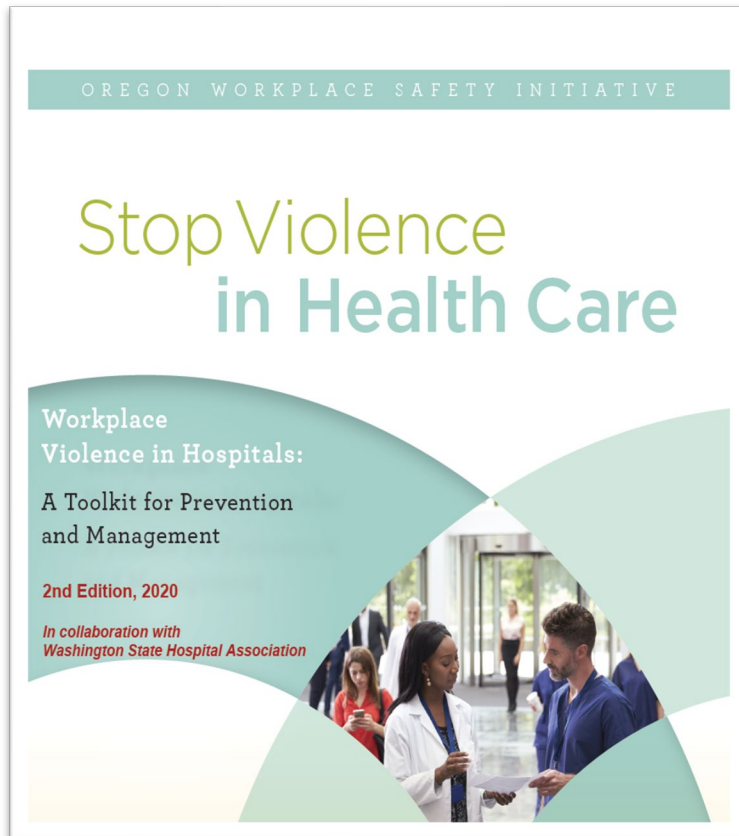
Effective WPV Programs: Outcomes - Selected

- Interventions to prevent aggression against doctors: a systematic review. (2019). Raveel, A., & Schoenmakers, B. *BMJ open*, 9(9), e028465. <https://bmjopen.bmj.com/content/9/9/e028465>
- Intervention types and their effects on workplace bullying among nurses: A systematic review, (2022). Jang, S. J., Son, Y. J., & Lee, H. *Journal of Nursing Management*.
- Interventions for workplace violence prevention in emergency departments: a systematic review. (2021). Wirth, T., Peters, C., Nienhaus, A., & Schablon, A. *International journal of environmental research and public health*, 18(16), 8459.
- Prevention and management of occupational violence and aggression in healthcare: A scoping review (2018). Morphet, J., Griffiths, D., Beattie, J., Reyes, D. V., & Innes, K. *Collegian*, 25(6), 621-632. <https://www.sciencedirect.com/science/article/abs/pii/S1322769617302901>
- Preventing patient-to-worker violence in hospitals: outcome of a randomized controlled intervention (2017). Arnetz JE, Hamblin L, Russell J, Upfal MJ, Luborsky M, Janisse J, Essenmacher L. *JOEM* 59(1), 18-27. <https://stacks.cdc.gov/view/cdc/43702>
- Preventing Violence against Healthcare Workers in Hospital Settings: A Systematic Review of Nonpharmacological Interventions (2023). Munday, N., Terry, V., Gow, J., Duff, J., & Ralph, N. (2023). *Journal of Nursing Management*. <https://www.hindawi.com/journals/jonm/2023/3239640/>

WPV in Health Care Resources



Resources – WPV (*Selected*)



- A Toolkit for Prevention and Management of WPV *2nd edition (2020)*
- Available at: www.oahhs.org/safety free of charge for non-commercial use
- Multiple tools & resources (*Refer to handout*)
- *Includes links to OSHA & NIOSH Resources*
- New Toolkit WPV Supplemental References and Resources through Nov 2022 (Provided)

Endorsed by Numerous State Nursing and Physician Professional Associations and Unions

Recommended Resource by the Joint Commission

Resources – WPV (*Selected*)

Refer to Handout for more

- **Louisiana Dept. of Health**
<https://ldh.la.gov/page/workplace-violence>
- **The Joint Commission Compendium of WPV Resources**
<https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/work-place-violence-prevention/compendium.pdf>
- **Quick Safety Issue 63: Addressing intimate partner violence and helping to protect patients**
<https://www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety-issue-63/>
- **Bullying in the Health Care Workplace**
<https://www.ama-assn.org/practice-management/physician-health/bullying-health-care-workplace-guide-prevention-mitigation>

Resources – WPV (*Selected*)

Refer to Handout for more

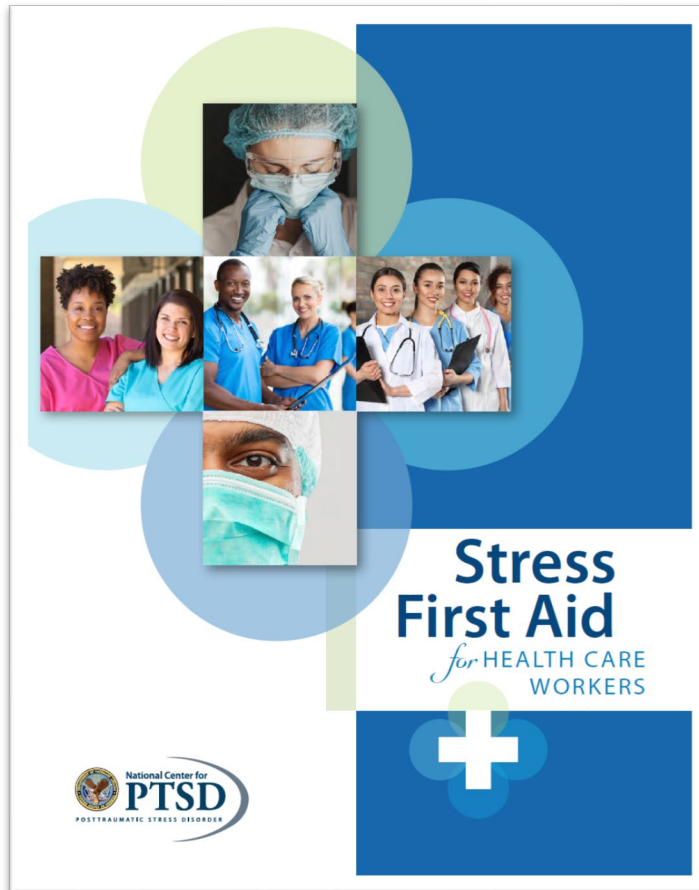
- **Public Services Health and Safety Association (PSHSA). Toronto, Ontario, Canada.**
<https://www.pshsa.ca/workplace-violence/>
- **Safe Care BC Violence Risk Assessment – home care and community; long term care; nonclinical area**
<https://www.safecarebc.ca/initiatives/violenceprevention/violence-risk-assessment/>
- **Working with Dementia: Safe Work Practices for Caregivers – video training**
<https://www.worksafebc.com/en/health-safety/industries/health-care-social-services/topics/working-with-people-with-dementia>
- **Preventing violence against health workers – the World Health Organization**
<https://www.who.int/activities/preventing-violence-against-health-workers>

Resources – WPV (*Selected*)

Refer to Handout for more

- **Free Online Training - Workplace Violence Prevention for Nurses (and any HC Worker) CDC/NIOSH. CDC Course No. WB1865 - NIOSH Pub. No. 2013-155**
http://www.cdc.gov/niosh/topics/violence/training_nurses.html
- **OSHA: Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers** <https://www.osha.gov/Publications/osha3148.pdf>
- **OSHA: Worker Safety in Hospitals** <https://www.osha.gov/hospitals>
- **Working with Dementia: Safe Work Practices for Caregivers – video training**
<https://www.worksafebc.com/en/health-safety/industries/health-care-social-services/topics/working-with-people-with-dementia>

Resources - WPV



- **Stress First Aid for Health Care Workers (2020).** Watson, P., & Westphal, R.J. National Center for PTSD. www.ptsd.va.gov
- **Resource Toolkit for the Clinician Well-Being Knowledge Hub, 2022**
<https://nam.edu/resource-toolkit-clinician-well-being-knowledge-hub/>
- **Conversation and action guide to support staff well-being and joy in work during and after the COVID-19 pandemic. 2020**
www.IHI.org

Your Psychological PPE

to Promote Mental Health and Well-Being



These recommendations are based on a review of published literature and the experiences of health systems. For more information visit ihi.org

Individual



Take a day off and create space between work and home life



Avoid publicity and media coverage about COVID-19



Receive mental health support during and after the crisis



Facilitate opportunities to show gratitude



Reframe negative experiences as positive and reclaim agency

Team Leader



Limit staff time on site/shift



Design clear roles and leadership



Train managers to be aware of key risk factors and monitor for any signs of distress



Make peer support services available to staff



Pair workers together to serve as peer support in a "buddy system"

Resources - WPV

- **“Psychological PPE”**: Promote Health Care Workforce Mental Health and Well-Being
<https://www.ihi.org/Topics/Joy-In-Work/Pages/default.aspx>
- **Psychology of Change Framework, IHI , 2018**
<http://www.ihi.org/resources/Pages/IHIWhitePapers/IHI-Psychology-of-Change-Framework.aspx>
- **Institute for Healthcare Improvement IHI/NPSF: Leading a Culture of Safety: A Blueprint for Success**
<http://www.ihi.org/resources/Pages/Publications/Leading-a-Culture-of-Safety-A-Blueprint-for-Success.aspx>
- **Registered Nurses Association of Ontario (RNAO) leading change toolkit**
<https://rnao.ca/news/now-available-leading-change-toolkit>

Resources - WPV



Chat online at:
online.rainn.org

- **The National Suicide Prevention Lifeline**
 - Call 1-800-273-TALK (1-800-273-8255)
 - Use the online Lifeline Crisis Chat
<https://suicidepreventionlifeline.org/chat/>
 - Text HOME to 741741 to reach a trained 24/7 crisis counselor or call 9-1-1.

- **RAINN (Rape, Abuse & Incest National Network)**
 - National Sexual Assault Hotline: Confidential 24/7 Support
Call 1- 800-656-4673

Resources - WPV

- **Substance Abuse and Mental Health Services Administration(SAMHSA)**
 - **SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach**
https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf
- **US Office for Victims of Crime**
 - **To find local resources** <https://ovc.ncjrs.gov/findvictimservices/default.html>
 - **The Vicarious Trauma Kit** <https://ovc.ojp.gov/program/vtt/introduction>
- **Advent Health University**
 - **Vicarious Trauma: Information, Prevention, and Resources**
<https://www.ahu.edu/blog/what-is-vicarious-trauma>



Thank You

From Boring, Oregon

