# The National Action Alliance to Advance Patient Safety Summer Webinar Series

## Addressing Violence in the Workplace

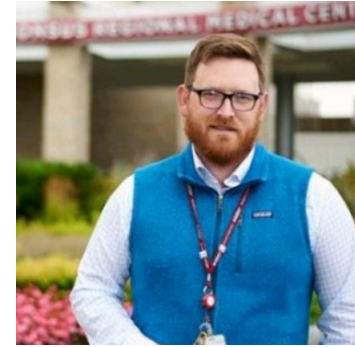**June 27, 2023**

**2:00-3:00 PM ET**

# Special Guest Speakers

**Martin Hatlie, JD**
President & CEO,
Project Patient Care,
*Founding Member,*
Patients For Patient
Safety  US

**Cammie Chaumont Menendez,
MS, MPH, PhD**
Research Epidemiologist
Analysis and Field Evaluations Branch,
Division of Safety Research,
CDC, National Institute for Occupational Safety
and Health

**Tyler Kerns, M.Coun, LPC**
Violence Prevention & Education
Consultant
Saint Alphonsus Health System

**Today's Call is Being Recorded**

# Three Goals for Today

- Share what we know about violence in the workplace and how it manifests.
- Identify some key strategies for addressing workplace violence.
- Hear about how these strategies are being implemented.

# Violence and Aggression in Healthcare Settings

**Cammie Chaumont Menéndez, PhD**

**Research Epidemiologist | Division of Safety Research**

**Health and Human Services, National Action Alliance to Advance Patient Safety**

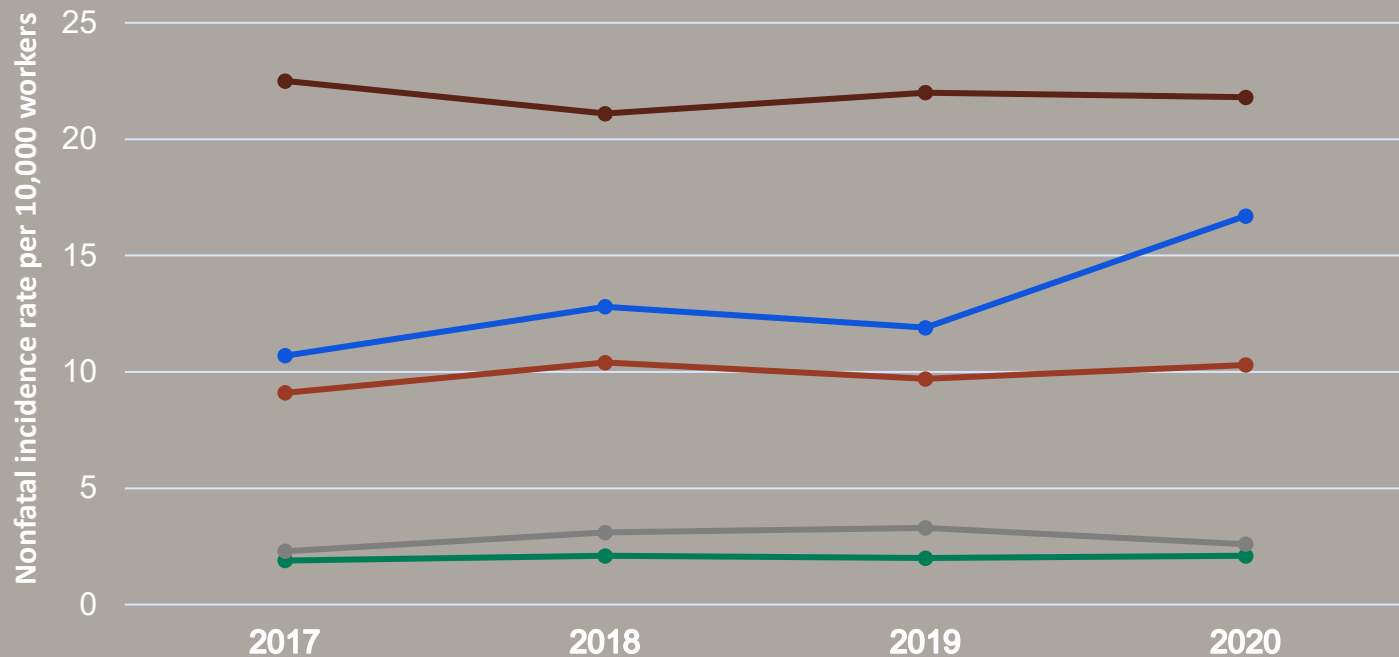**June 27, 2023**

# Workplace Violence Types

I. Criminal intent

**II. Customer/client/patient**

**III. Coworker**

IV. Personal relationship

# Violence Incidence Rates by Industry, 2017-2020

# Incidence Rates due to Violence by Hospital Industry Subsector, 2017-2020



Chart: Nonfatal incidence rate per 10,000 workers, by year (2017-2020)

Legend:
- Hospitals
- General medical and surgical hospitals
- Psychiatric and substance misuse
- Specialty hospitals (excepted psychiatric and substance misuse

(www.bls.gov/iif/ R8 Table Series)
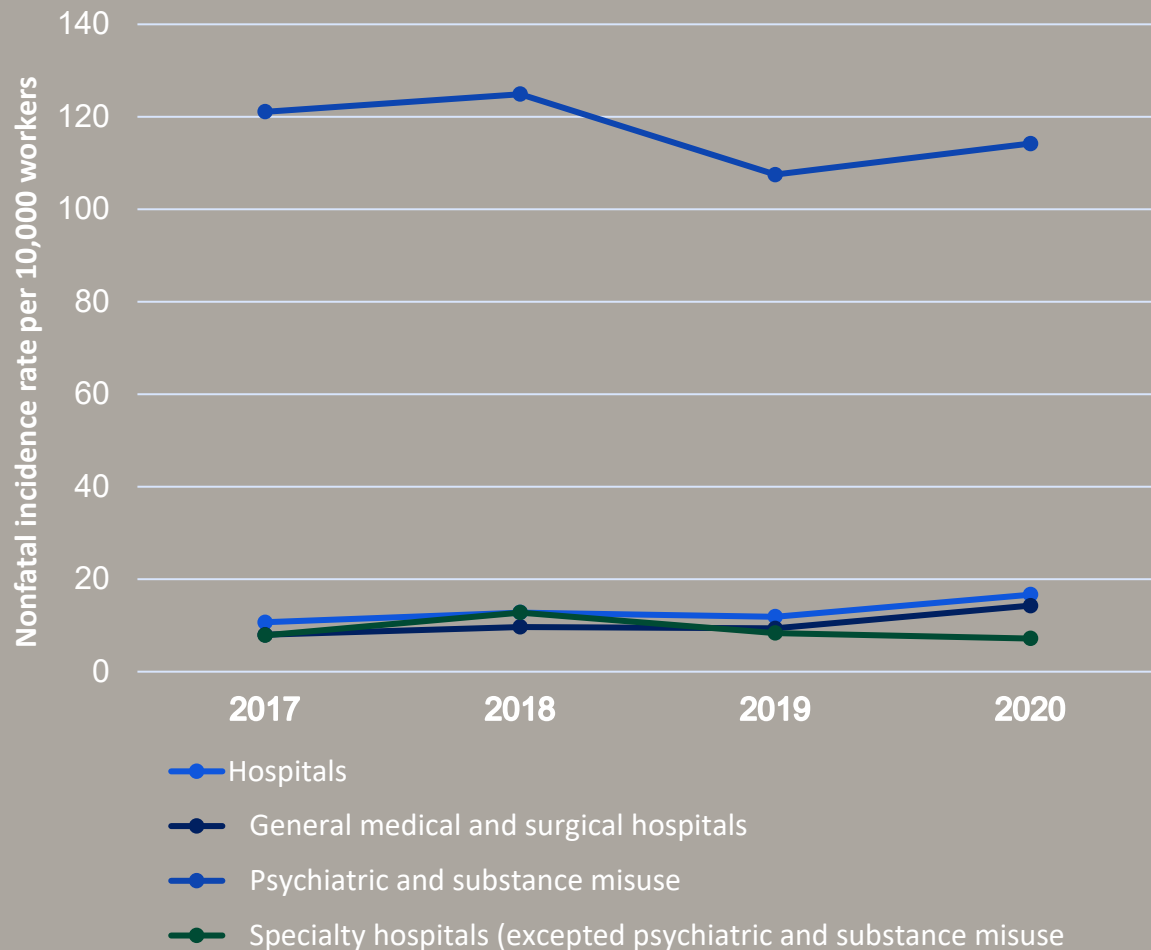
**Incidence Rates due to Violence by Nursing and Residential Care Facilities Industry Subsector, 2017-2020**

Nonfatal incidence rate per 10,000 workers

- Nursing and residential care facilities
- Nursing care facilities (skilled nursing facilities)
- Residential intellectual and developmental disability, mental health, and substance misuse facilities
- Continuing care retirement communities and assisted living facilities for the elderly
- Other residential care facilities

(www.bls.gov/iif/ R8 Table Series)
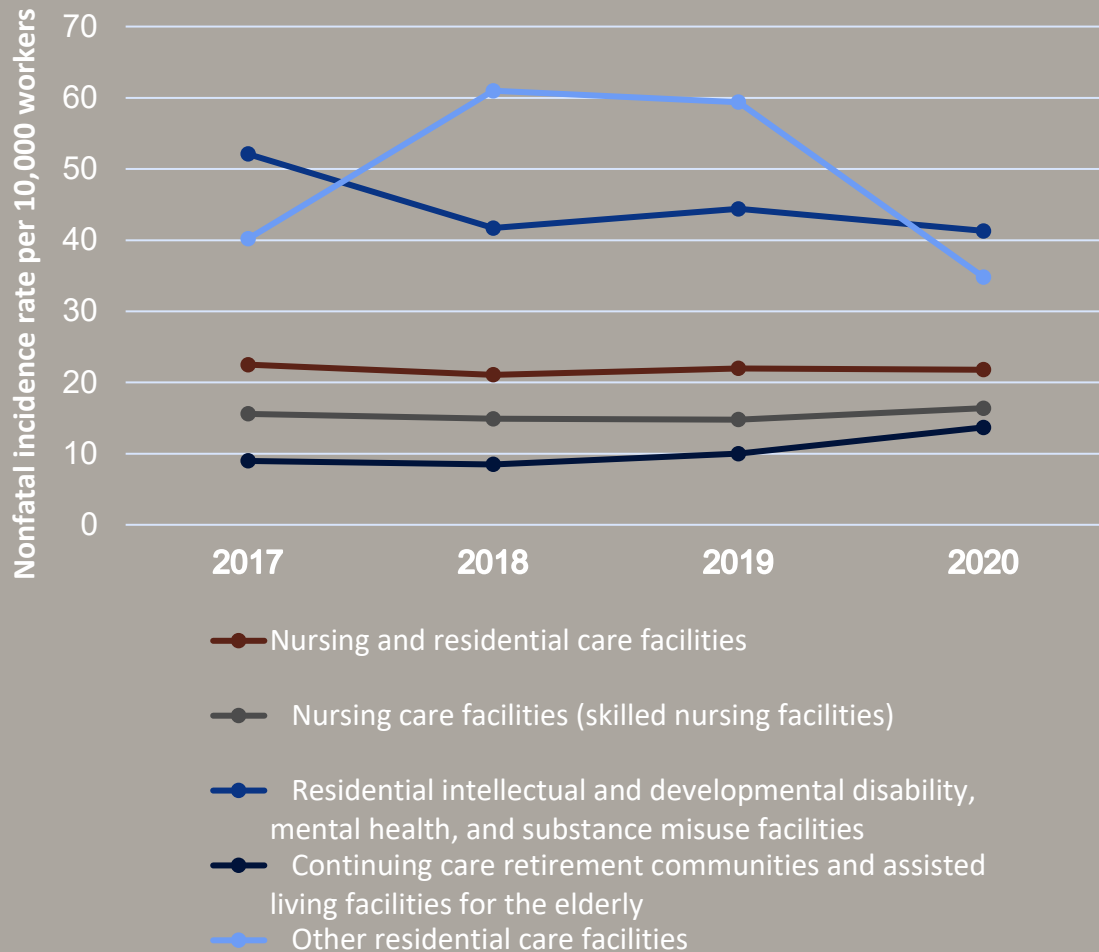
# Violence Incidence Rates for Selected Healthcare Occupations, 2017-2020



**All Occupations**

NIOSH [2013]. Workplace Violence Prevention for Nurses. 2013-155. Available at: https://www.cdc.gov/niosh/topics/violence/training_nurses.html
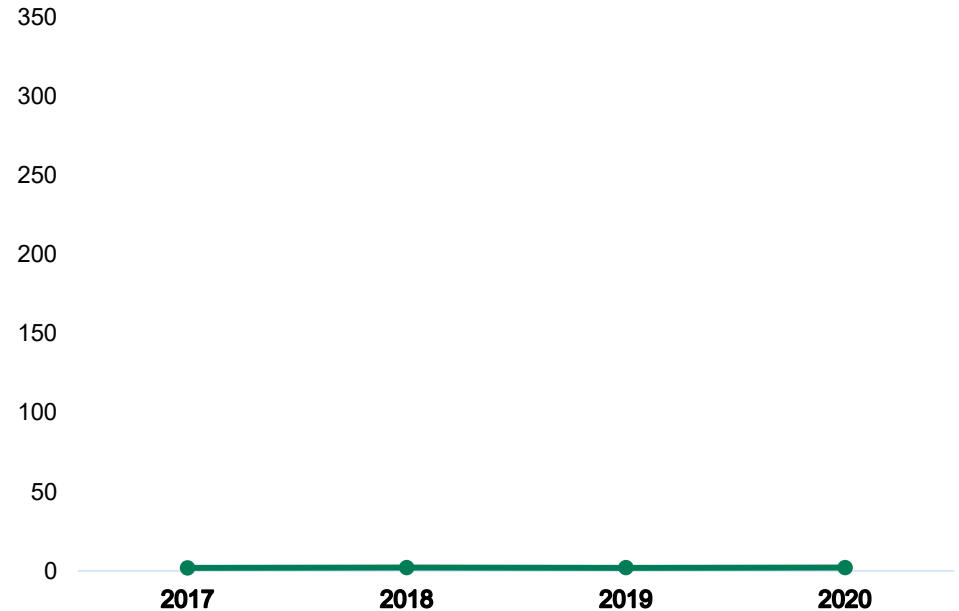
# Violence Incidence Rates for Selected Healthcare Occupations, 2017-2020



**Mental Health Occupations**

NIOSH [2013]. Workplace Violence Prevention for Nurses. 2013-155. Available at: https://www.cdc.gov/niosh/topics/violence/training_nurses.html

# Violence Incidence Rates for Selected Healthcare Occupations, 2017-2020



**Nursing Occupations**
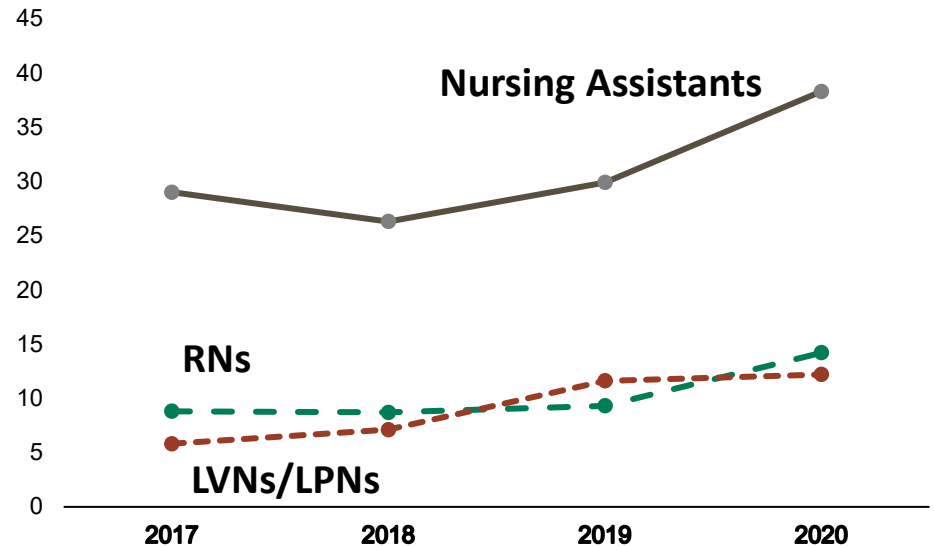
# Incidence Rates by Selected Industries, Across Racial and Ethnic Groups, 2018
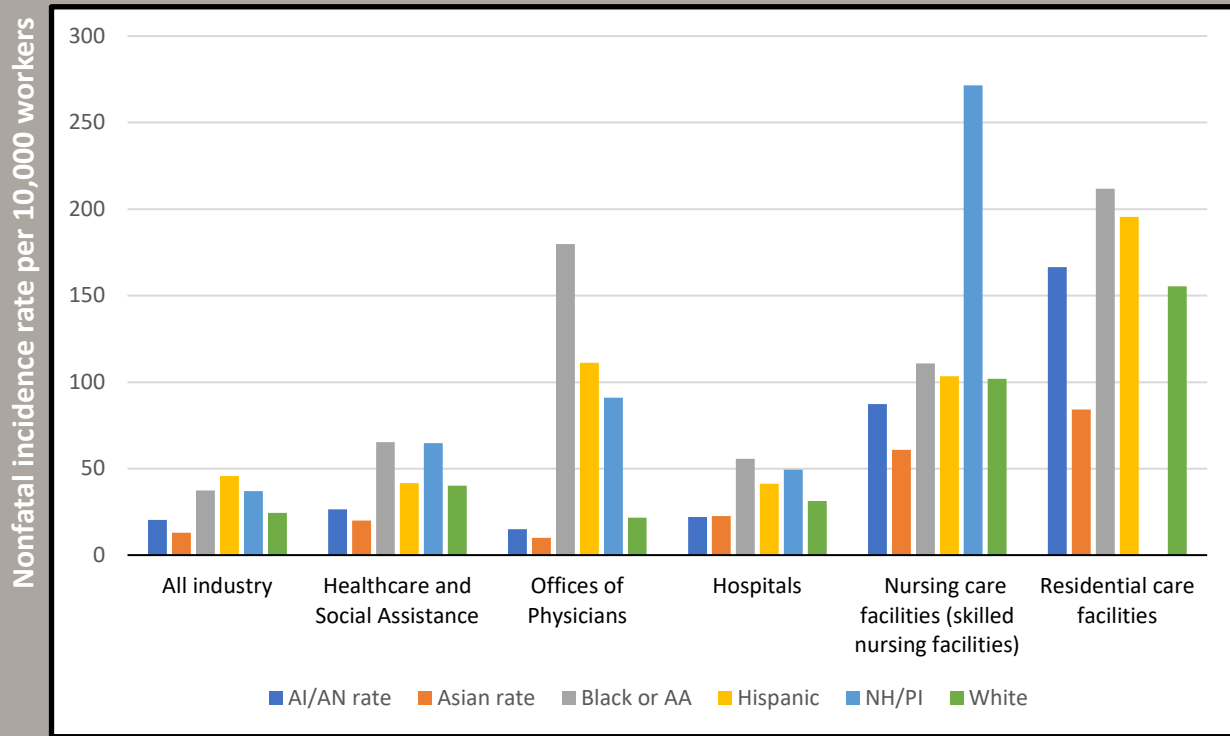
# Workplace Violence: Homicides


Photo by ©Ashley Cooper/Getty Images Plus

2015-2019:

- Sales/related (**96**) and protective service (**86**) occupations

- Healthcare support averaged among the lowest (**6**)

**1,080**

**454**

17, 865 workers died from a workplace homicide

1992

2019

BJS/BLS/NIOSH. 2022. Indicators of Workplace Violence, 2019. https://www.cdc.gov/niosh/docs/2022-124/

# Homicides in the Healthcare Industry

- **21** health care workers died from a workplace homicide from 2003-2016
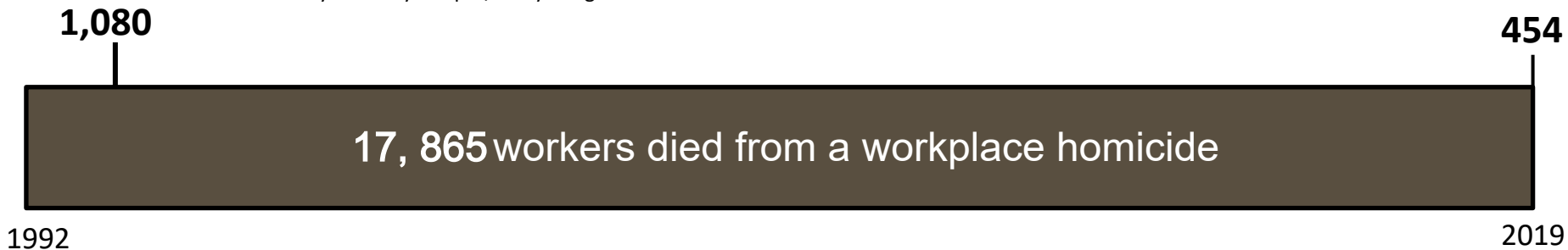    - Physicians and those in nursing professions lowest number (**<5**)
    - Therapists and technicians (**5**), security and environmental services (**5**) and administration and support operations (**5**) were equally distributed
    - **7** homicides were Type II (patient-based), **7** were Type IV (personal relationship)
- **32** health care workers died by suicide

Braun BI, Hafiz H, Singh S, Khan MM. Health Care Worker Violent Deaths in the Workplace. A Summary of Cases From the National Violent Death Reporting System. Workplace Health & Safety, 2021. 69(9):435-441. http://doi.org/10.1177/21650799211003824

"The reality is if you ask emergency nurses, they will tell you every single shift they work there is some case of workplace violence. It's a very real challenge in the workplace setting, and it's no longer OK."

Patti Kunz Howard
President, Emergency Nurses Association

# Risk factors for patient-based violence



**Clinical**

- Substance use/misuse
- In pain
- History of violence
- Cognitive impairment

- In the criminal justice system
- Angry about clinical relationships

NIOSH [2013]. Workplace Violence Prevention for Nurses. 2013-155. Available at: https://www.cdc.gov/niosh/topics/violence/training_nurses.html

# Risk factors for patient-based violence



**Environmental**

- Easy accessibility or avoid detection
- Increase stress
- Opportunities for weapons
- Limited ability for staff to appropriately respond

NIOSH [2013]. Workplace Violence Prevention for Nurses. 2013-155. Available at: https://www.cdc.gov/niosh/topics/violence/training_nurses.html

# Risk factors for patient-based violence



**Organizational**

- Attitudes towards workplace violence prevention
- Inadequate security and staff training
- Inadequate reporting policies
- Working extended shifts or when understaffed

NIOSH [2013]. Workplace Violence Prevention for Nurses. 2013-155. Available at: https://www.cdc.gov/niosh/topics/violence/training_nurses.html

# Risk factors for patient-based violence



**Socio-economic**

- Poverty
- ↓ economic opportunities
- ↑ disrupted families
- Low community participation
- Policies that maintain inequalities

# Recent Experiences of Emergency Department Workers

- **↑ COVID cases coincided with doubled workplace violence rate**
- **Verbal abuse**
  - No significant increase in prevalence **85% vs 80%**
  - More frequently occurring **13% vs 6%**
- **Physical assaults**
  - Bodily fluids **26% vs 17%**



Photo by © Juanmonino/Getty Images

McGuire S et al, Impact of the COVID-19 pandemic on workplace violence at an academic emergency department. American Journal of Emergency Medicine, 2021;53:285.e1-285.e5.

# **Recent Experiences of Registered Nurses**

- Verbal abuse
  - **68%**
  - Nurses caring for COVID patients **twice** as likely to experience
- Physical assaults
  - **44%**
  - Nurses caring for COVID patients **twice** as likely to experience
- **1 in 10** nurses felt reporting incidents more difficult during the pandemic

Byon H et al, Nurses' experience with Type II workplace violence and underreporting during the COVID-19 pandemic. Workplace Health & Safety, 2022; 70(9):412-420.

# Worker-on-worker: Factors

- Individual factors
    - Stressful and emotional work, fatigue
    - Inadequate interpersonal, coping or conflict management skills
- Systemic factors
    - Productivity demands, cost containment requirements, embedded hierarchies
    - Changing professional roles
    - Staff and schedule changes

Joint Commission, Sentinel Event Alert. June 18, 2021 update. Available at: https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/sea-40-intimidating-disruptive-behaviors-final2.pdf
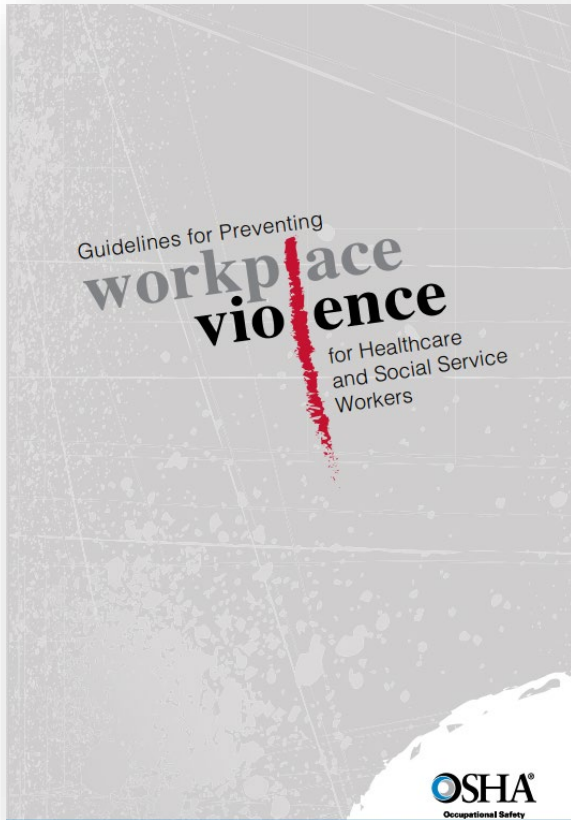
# Recent Experiences of Registered Nurses

- **37%** experienced more incivility than before pandemic
  - **42%** of incivility perpetrated by nurses
  - **41%** of incivility perpetrated by supervisors
- **46%** witnessed more incivility than before pandemic
- **26%** experienced cyber-incivility more than before pandemic
  - **23%** of cyber-incivility perpetrated by nurses
  - **13%** of cyber-incivility perpetrated by supervisors

El Ghaziri et al, Registered Nurses' Experiences With Incivility During the Early Phase of COVID-19 Pandemic: Results of a Multi-State Survey. Workplace Health and Safety 2022;70(3):148-160.

**What are the two types of workplace violence prevalent in the Healthcare Industry?**

# Violence Prevention Programs



- Management commitment and worker participation

- Worksite analysis and hazard identification

- Hazard prevention and control

- Safety and health training

- Recordkeeping and program evaluations

**Checklists**

OSHA, Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers. OSHA Publication 3148-06R 2016.
https://www.osha.gov/sites/default/files/publications/osha3148.pdf.

# Violence Prevention Standard: California

- Mandates workplace violence prevention program
- Requirements by type of workplace
- Procedures for identifying risk factors
- Procedures to correct workplace violence hazards
- Violent Incident Log
- Reporting requirements
- Training requirement
- Recordkeeping requirements

California Department of Industrial Relations, §3343. Violence Prevention in Health Care. https://www.dir.ca.gov/Title8/3342.html
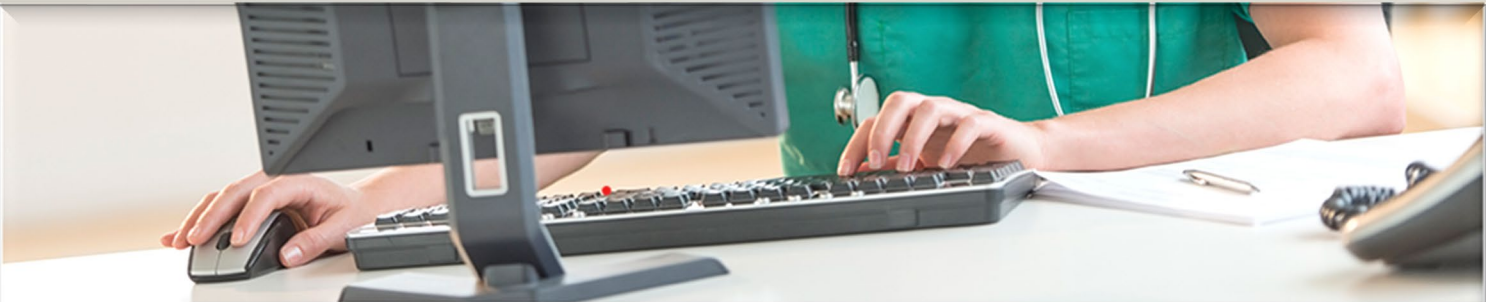
# Violence Prevention Standards: The Joint Commission

- Mandated for **Joint Commission-accredited** hospitals and critical access hospitals
- Supported by extensive literature review and public field review
- Technical Advisory Panel and Standards Review Panel
- **Care environment**, **Human resources**, and **Leadership**



R³ Report | Requirement, Rationale, Reference

A complimentary publication of The Joint Commission

Issue 30, June 18, 2021

https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/wpvp-r3_20210618.pdf

Workplace Violence Prevention for Nurses

CDC Course No. WB4525 – NIOSH Pub. No. 2013-155

## Key components

- **13** units @ **15** minutes each
- Covers identifying WPV, risk factors, and prevention/intervention strategies
- **5** case studies based on real-life incidents
- Course evaluation, CE credits are offered

NIOSH [2013]. Workplace Violence Prevention for Nurses. 2013-155. Available at: https://www.cdc.gov/niosh/topics/violence/training_nurses.html

Workplace Violence Prevention for Nurses

CDC Course No. WB4525 – NIOSH Pub. No. 2013-155

Start Course

## Evaluation findings

- **96%** felt course was a good introduction to WPV and met the learning objectives
- **95%** felt they could identify WPV risk factors, prevent and manage violence, and identify appropriate resources to support injured nurses
- **90%** felt they could implement a WPV prevention program

Hartley et al.  Workplace violence prevention for nurses: An online NIOSH course raises awareness of workplace violence and offers preventive strategies. American Journal of Nursing 2019; 119(9):19-20
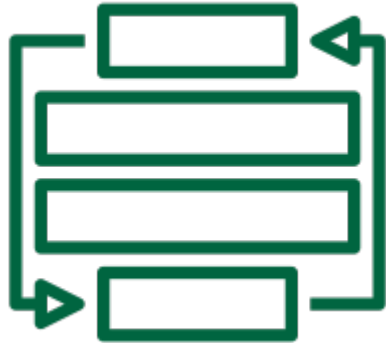
# WPV Strategies: Recent Research

Behavioral Emergency Response Team (BERT) program

- **Pre-post** intervention measures
- RNs/Assistant nurses, telecommunication dispatchers, and BERT responders
- Participants felt **more confident/capable**
- *Security and nursing partnership* **beneficial**
- *Reporting* of aggressive patient encounters **did not increase**

Christensen et al, 2022. Reducing patient aggression through a nonviolent patient de-escalation program: A descriptive quality improvement process. Worldviews in Evidence-Based Nursing 19:297-305.

# WPV Strategies: Recent Research

Unit-specific violence prevention plans

- **Randomized controlled trial**
- **Unit-level violence data** informed development of action plans
- *Violent events* were **lower after 6 months**
- *Injury risk* was **lower after 24 months**

Arnetz et al, 2017. Preventing patient-to-worker violence in hospitals: Outcome of a randomized controlled intervention. Journal of Occupational and Environmental Medicine 59(1):18-27.

# WPV Strategies: Recent Research

Violence Assessment Tool

- **Pre-post** intervention
- **Assessment tool, patient communication, and enhanced safety practices if warranted**
- Reporting **increased**
- Majority of units experienced **no change or decreases in injury rates**

Croland et al, 2023. Implementation of a violence risk assessment and interventions aimed at the prevention of patient-perpetrated violent events across care settings. Journal of Nursing Administration 53(3):168-174.

*Thank you for your time!*

*I wish for each of you a safer work environment.*

Email: cmenendez@cdc.gov

**What is your #1 take-a-way from the presentation and how does that track with your own observations/experience?**

# Trinity Health Workplace Violence (WPV) Prevention Strategy

## *Becoming the Safest Health System in America*

Tyler Kerns, LPC

Violence Prevention & Education Consultant, Saint Alphonsus Health System

Trinity Health WPV Prevention Committee Chair

# Workplace violence prevention takes more than security

- It requires a commitment from organizational leadership, interdisciplinary collaboration, and allocation of resources. It is an investment in our workforce, not an operational cost.

  Safety as a core value since 2020

  Colleague and patient safety are seen as one safety effort, fully integrated

  OSHA events on the board goals since 2021

  Nearly 400 fewer OSHA injuries to workers this fiscal year

  Our 5 Team Colleague Safety Strategy

  Workplace violence prevention workgroup for the enterprise

Trinity Health

# Workplace Violence (WPV) Prevention Workgroup Areas of Focus

| | |
|---|---|
| **Trinity Health WPV Prevention Guidebook** | Detailed instructions for implementing WPV prevention best practices for all TH ministries |
| **Screening for Violence** | Integration of the Broset Violence Checklist into the EMR for early identification of patients with elevated risk of violence |
| | Used as a standard screening tool for every patient during triage/intake within the ED/ acute care setting |
| **Real-Time Response to WPV** | Going beyond a security response to include both clinical support and senior leadership involvement, while normalizing and standardizing the reporting process for WPV incidents and improving quality documentation |
| **Education and Training** | Use of a standard nonviolent physical intervention/de-escalation curriculum for all security teams that emphasizes DEI components to improve security and patient/client/visitor interactions |
| | Creation of a three-tiered proprietary violence prevention and de-escalation curriculum for use on the enterprise level |
| **Data Tracking Dashboards** | Allow for greater capacity to drill down into WPV data |
| | Analysis of incidents by date, location, unit, type of incident, severity, and job role of the effected colleague |
| | The WPV dashboards will be used in conjunction with existing enterprise level safety scorecards |
| **WPV Prevention Committees at All Ministries** | Models have been created to allow each RHM to develop an active interdisciplinary WPV prevention committee to own and steer the local WPV prevention programs |
| | This local ownership and accountability improves prevention and ensures compliance with The Joint Commission accreditation standards |

# Additional areas of focus and action items

- Behavioral Emergency Response Teams (BERT)

- Strong signage for all visitors regarding safety of colleagues as a key priority of the institution

- Patient code of conduct policy

- Metal detector use in the ED setting

- Canine programs

- Gun Violence prevention initiatives and training

# Implementing a Workplace Violence Prevention Program

| | |
|---|---|
| Identify Stakeholders | Interdisciplinary collaboration includes Security, Risk Management, Colleague Safety/Employee Health, Patient Safety, Facilities/Engineering, Health Information Management, Regulatory, Clinical Leadership, Executive Leadership, and Frontline Colleague representation. |
| | Leverage expertise from all areas of your organization. |
| Ownership & Accountability | Identify a leader for your WPV prevention program. This is a core responsibility, not an additional duty. |
| | Scale your program's engagement: daily safety huddles, weekly incident reviews, monthly WPV prevention committee meetings, quarterly board reports, annual program reviews |
| Accreditation and Regulatory considerations | Ensure that your WPV prevention program remains up to date on all local, state, and federal accreditation and regulatory requirements and changes. |
| | Explore and consider avenues to not just meet but exceed these regulatory expectations. Continuous improvement should be the goal |
| Cultural shift and empowering colleagues | Communication on every level that Violence is not part of the job. Incorporate WPV prevention into the fabric of your organization |
| | Encourage and empower colleagues to speak up and report when violence occurs and DEMONSTATE that your organization is taking action to address it. |

# Impact from investing in Workforce Safety

| TH Worker's Compensation Costs from WPV injury | | |
|---|---|---|
| CY | Lost Days | Total Cost |
| 2021 | 3190 | $2,402,736 |
| 2022 | 2,956 | $1,496,822 |

37.7% reduction since program implementation.

# AHRQ Surveys on Patient Safety Culture™ (SOPS®)

Validated surveys to assess patient safety culture in different healthcare settings

Supplemental item sets developed for Workplace Safety to accompany the Hospital SOPS and the Nursing Home SOPS; domains include:

- ▶ Addressing Workplace Aggression from Patients or Visitors (H)
- ▶ Workplace Aggression Policies, Procedures, and Training (H)
- ▶ Addressing Verbal Aggression from Providers or Staff (H)
- ▶ Workplace Stress/Burnout (H, NH)
- ▶ Addressing Inappropriate Resident Behavior Toward Staff (NH)
- ▶ Interactions among Staff (NH)

- Private feedback reports for those facilities choosing to submit data to the SOPS Database; technical assistance available
- For more information: www.AHRQ.gov/SOPS

# Thank You!

Next National Action Alliance Summer Webinar

July 25, 2023

2:00 – 3:00 PM ET

"Involving Patients and Families in Safety"

Registration is open and can be found on the National Action Alliance Website. [The National Action Alliance To Advance Patient Safety | Agency for Healthcare Research and Quality (ahrq.gov)](ahrq.gov)

**How far along in violence prevention programming are you?**

- **-** Just getting started
- -Beginning phases
- -Somewhere in the middle
- -Have completed and are seeing results