

Developing a Comprehensive Workplace Violence Prevention Program

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AOHP National Conference Sept. 8, 2017



THE FACE OF 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.
Occupational Safety & Health Administration

Healthcare is the **#2** industry for workplace violence according to BLS.



THE REALITY IN HEALTHCARE

- According to the ANA, **60%** of all workplace violence in the United States occurs in a healthcare facility.
- In a *Creative Nursing* article, Hester , Harrelson, and Mongo report that of 5000 RNs survey, **76%** reported having experienced some form of violence at work.
- In the same survey, of the 3500 Emergency Department workers surveyed, **25%** have experienced violence **over 20 times in the last three years.**

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 Promote Poor Quality Care and Decreased Employee Engagement

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

WPV: WHERE WE WERE

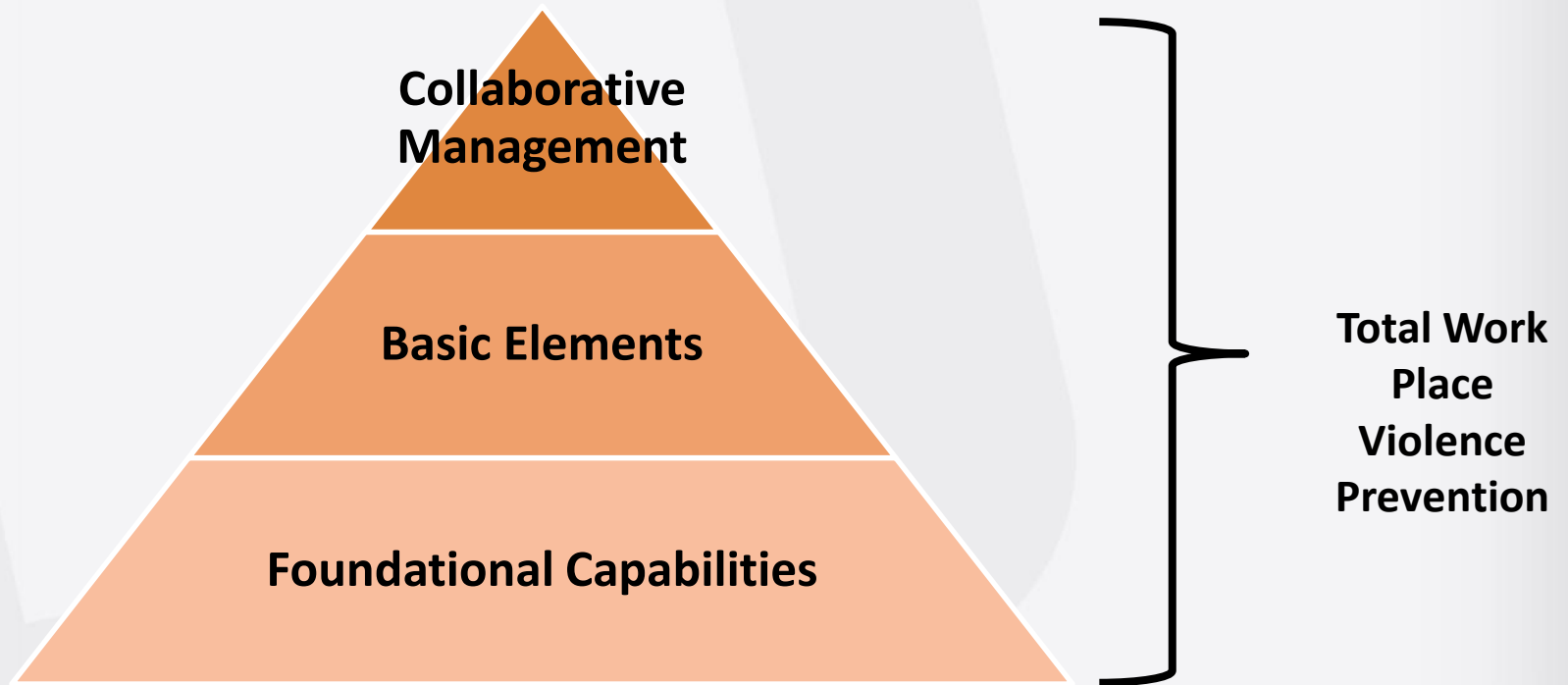
- No common reporting or not reported at all
- Cultural Acceptance: Employees not aware of what is considered WPV
 - “this happens all the time”
 - “he was just demented”
 - “she was just a little old lady”
- Limited Communication between Public Safety and Employee Health
- Delayed knowledge of incident
- “Reactive” view of Public Safety employees
- Disjointed management input – left hand vs. right hand

INITIAL EFFORTS

- Collaborative discussions between EHS and Public Safety
 - Redefined OUR relationship
 - Identified common issues
- Started reporting employee safety events at daily safety huddle
- Re-categorized the variance reporting: single stream reporting
- Re-categorized the Employee Health Data base to identify violence

WHERE WE ARE

Our Construction of a Collaborative WPV Program



FOUNDATIONAL CAPABILITIES

- **Engaged Employee Health Department**
 - Mid-level Providers
 - Clinical Care for WPV Injury
 - Resource Referral Knowledge for post-event care
- **Competent Public Safety Personnel**
 - Key to preventative and reactive response tools
 - Operational Intelligence Driven
 - Bed-side Threat Assessment Capable

FOUNDATIONAL CAPABILITIES

- **Security Investigations and Intelligence**
 - Key Metrics Exploitation: Trend Analysis, Geographical Analysis, Root Cause Analysis, Barrier Analysis
 - Incident Exploitation for Continuous Learning
 - Deeper Risk & Threat Assessment
 - Alert Production and Critical Information Dissemination
- **Employee Confidence**
 - Consistent Relationship Building
 - In their Training/ In the Response Tools
 - In the Response of Public Safety
 - In the Response of Employee Health

BASIC ELEMENTS

Employee Training

Proprietary Training

Curriculum:

Multiple Channels:

- New Employee Orientation
- Clinical Orientation
- Skills Day – Scenarios
- Annual CBT Modules
- On Demand Speaker's Bureau
- One-on-one post incident

Escalating Behavior

Recognition and Response

- Level I - NEO
 - Root Causes of Escalation
 - Identification of Escalation
 - Preventative Protective Measures
- Level II – Clinical Orientation
 - Review of Level I
 - Basics of self defense & Disengagement
- Level III – High Risk Areas
 - Advanced Self Defense
 - Combative Restraining

BASIC ELEMENTS

Proactive Response Tools

- Focused on Preventing Violence
 - Situational Awareness through Key Notification (BOLOS/ CRACK Sheet/ CIWs)
 - Identifiable Threat Levels
 - Threats and Harassment Reporting (WPV Program)
 - Security Threat Assessment Team
 - Proactive Patrolling

Reactive Response Tools

- Focused on Reacting to Violence
 - Security Alerts
 - Behavior Response Team (In-Development)

BASIC ELEMENTS

- **Centralized Reporting**
 - Clearly Defining WPV and reportable events
 - Single Channel reporting through RL6
 - Interdisciplinary dissemination

BASIC ELEMENTS

- **Continuous Learning Orientation**
 - Based on the reporting
 - Identify key metrics to drive adaption and growth
 - Exploit each incident for lessons learned
 - Continuous monitoring of trends to adapt preventative operations

COMPREHENSIVE PROGRAM



EMPLOYEE TRAINING & ENGAGEMENT

Training through various channels:

- Escalating Behavior Recognition and Response

Finding Avenues to engage staff and gain feedback

- 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
Training &
Engagement

EMPLOYEE RESPONSE

- **Preventative Tools**

- Security Alerts: CRACK & BOLO Posting/
Reporting
- Threats and Harassments Reporting
 - WPV Prevention Program
- Security Threat Assessment Team
 - Inter-disciplinary Involvement
 - Bed-Side Threat Analysis
 - Mitigation Planning

- **Reactive Tools**

- Security Alert – Public Safety Needed



Employee
Response

MANAGEMENT OVERSIGHT

Inter-disciplinary Oversight

Quarterly Meetings

- Review Incidents and Analytics
- Conduct Trend Analysis
- Conduct Barrier Analysis
- Conduct Root Cause Analysis

Membership:

Key Executive Leadership: CMO, CNO, COO

Key Department Leadership: Public Safety, EH&S, Risk Management, Human Resources, Learning and Development

**Management
Oversight**

MANAGEMENT ACTIONS

Inter-disciplinary Action

Quarterly Meetings

Based on incident and analytics review

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



Management
Actions

FEEDING CONTINUOUS IMPROVEMENT



Define Future Objectives

- System Expansion
- Increasing Targeted Education
- Pursuit of Legislation
- Interagency Partnerships
- Data and Metrics Refinement

QUESTIONS?

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