# EHSSENTIALS 2018

Environmental, Health & Safety Symposium for Healthcare

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PRESENTED BY

LEGACY HEALTH

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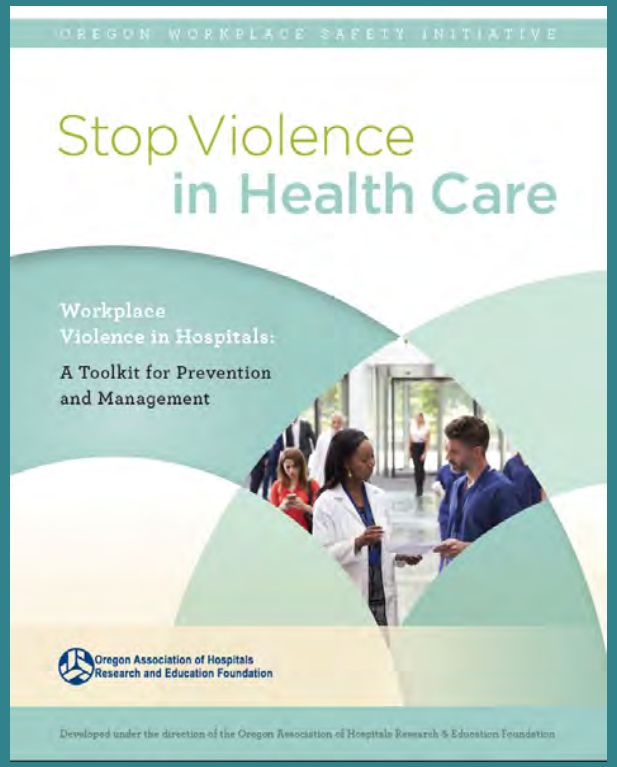
# Workplace Violence Prevention in Health Care

Katie Harris

Oregon Association of Hospitals and Health Systems




EHSSENTIALS 2018

Environmental, Health & Safety Symposium for Healthcare

# Presentation Overview

- Workplace Violence – What is it? Why does it occur?
- Workplace Violence Prevention Toolkit
- How it was developed
- Tools and Resources
- What can you do?

# Common Hazards to Health Care Workers

- ***Physical Hazards***
  1. Musculoskeletal disorders (MSDs) – Patient handling (54%)
  2. Slips, trips, and falls (approx. 21%)
  3. Workplace violence (13%)
- Noise
- Radiation

# Common Hazards to Health Care Workers

- **Biological and Infectious Hazards**
  - Bloodborne pathogens
  - (Needle-stick injuries, etc.)
  - Tuberculosis
- **Chemical Hazards**
  - Latex
  - Glutaraldehyde
  - Ethylene Oxide
  - Antineoplastics
  - Volatile Organic Compounds (VOCs)

# Common Hazards to Health Care Workers

- **Psychosocial Hazards**
  - Shift work, long hours, and overtime
  - Work place violence: patients, families/visitors,
  - Workplace incivility: management, peers
    - Lack of respect
      - A root cause, if not THE root cause, of dysfunctional cultures
      - 95% of nurses report it; 100% of medical students; huge issue for patients
    - Lack of support
    - Lack of appreciation
    - Non-value add work
    - Production pressures

# 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, vendors, or others
- 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

# Defining "Workplace Violence" (WPV)

- 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)

# Why does WPV Occur in Health Care?

- Clinical Risk Factors
  - Substance abuse and mental illness; history of violence
- Environmental Risk Factors
  - Noise, crowded waiting areas, open access, poorly lit areas
- Organizational Risk Factors
  - Wait times, communications, staffing, lack of effective training, working alone, working with cash and/or narcotics, lack of situational awareness
- Social and Economic Risk Factors
  - Financial stress, domestic violence, access to weapons

# Scope of the Issue

- Healthcare and social assistance workers are nearly five times more likely to be injured and require time away from work as a result of WPV (OSHA, 2016)
- Highest rates of WPV usually in the ED
- 50-100% ED nurses reported experiencing  verbal or physical violence at work – 2 studies (ENA 2011, Phillips, 2016)
- In a large study during the previous year, 76.0% nurses experienced verbal or physical violence (Speroni, K.G.,et al, 2014)
- Some professionals more at risk – psychiatric aides x 10 higher risk than CNAs
- Active shooter events rare – between 2000 and 2011, 154 shootings with injury either inside a hospital or on the grounds (Phillips, 2016)
- Perpetrator mostly the patient
- **High level of underreporting**

# The Costs of Workplace Violence

- **Direct Costs**
  - Workers comp claims
- **Indirect Costs**
  - Staff replacement costs (temp or permanent)
- **Operational Costs**
  - Impact of psychological stress, PTSD, burnout, presenteeism
  - Increased sick leave and staff turnover
  - Lower quality of care
  - Decreased efficiency
  - "Human" error and accidents
  - Insurance costs
  - Property damage
  - Litigation
  - Security needs – personnel and equipment; modifying facility design

# Joint Commission

- Joint Commission has made WPV a priority
- Standard EC.02.01.01: the hospital manages safety and security risks; elements of Performance for EC.02.01.01 A
- Sentinel Event (Alert 59)

# Oregon WPV Law

Workplace Violence Against Health Care Employees or “Safety of Health Care Employees” (2007)

1. Conduct periodic security and safety assessments
2. Develop and implement an assault prevention and protection program
3. Provide assault prevention and protection training
4. Maintain a record of assaults

# Oregon WPV Law

- "Assault" is defined as intentionally, knowingly, or recklessly causing physical injury

# Workplace Safety Initiative (WSI) – Pilot Program

- In 2014 OAHHS formed the WSI work group with member hospitals, SEIU Local 49, and the Oregon Nurses Association
- Goal: To collaboratively address two of the leading causes of health-care worker injury in Oregon
  - Manual patient handling
  - Workplace violence

# WSI Pilot Objectives

- Identify and implement evidence-based programs to reduce injuries from patient handling and workplace violence and foster sustainable cultural change
- Strengthen relationships with partner organizations around health-care worker and patient safety issues
- Disseminate lessons learned and tools developed to all hospitals in Oregon to assist implementation of sustainable effective workplace safety programs

# WSI Project Process

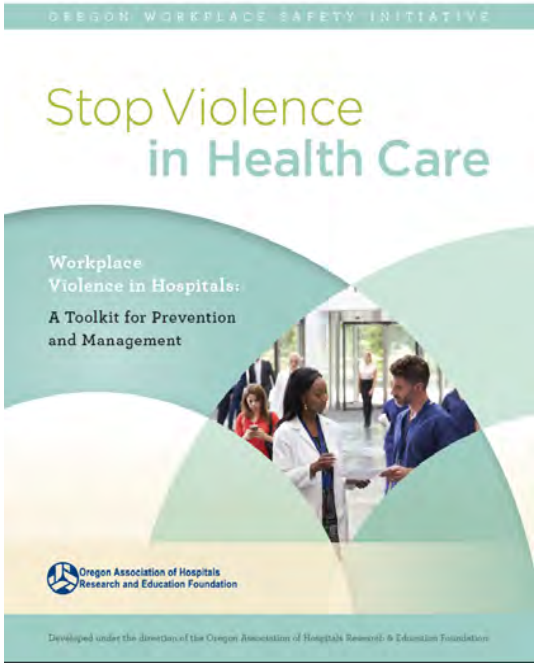
- Eight volunteer hospitals on 10 pilots
  - Workplace violence prevention and safe-patient handling – five sites each
- Variety of differences between hospital pilot sites
  - Level of established program, hospital facility size, region of the state
- Hospitals worked on pilots from fall 2015 to mid-2017

# Violence Related Injuries in Oregon

- 2013-2015: 170 accepted disabling claims for non-fatal assaults for health care workers in private hospitals
  - Majority were nurses aides, orderlies, attendants, nurses
  - Most common event: hitting, kicking, beating, shoving – 84%
- Five Hospitals in the Workplace Safety Initiative Project
  - Reported injuries and costs very low
  - Perpetrator: Mostly patients
  - Units in hospitals with most incidents:
    - Emergency Room
    - Behavioral Health
    - Security
    - Med-Surg Units
    - Intensive Care

# What Was Developed Out of the Pilots?

## Workplace Violence Prevention Toolkit



# Toolkit Structure

- Web-based
- Chapter for each program topic with:
  - Brief overview of topic and instructions for how to use tool(s)provided
  - References
  - Other external resources
- Tools provided in PDF and Word and/or Excel
- Lessons learned incorporated throughout the toolkits

# Toolkit and Resources

## Workplace Violence Prevention Toolkit

https://www.oahhs.org/safety

# Purpose of the Toolkit

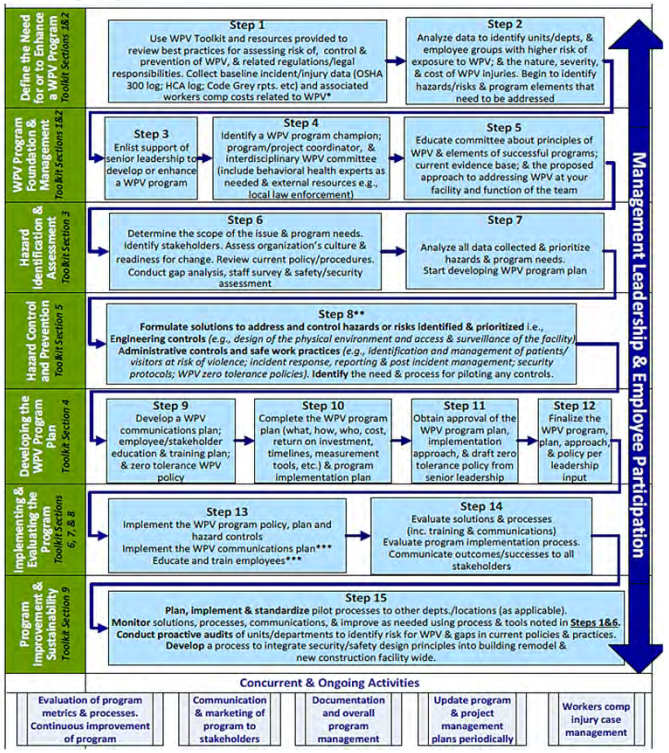
- Evaluate your hospital's WPV program and practices against current best practices in WPV prevention and management
- Identify and engage stakeholders and enhance the culture of worker and patient safety
- Develop or strengthen the WPV program plan and policy by identifying processes that can be implemented and can address the risk of violence proactively
- A suggested framework and strategies to aid program implementation, evaluation, and sustainability

# Toolkit Contents

1. Understanding WPV in Health Care
2. Getting Started
3. Hazard Identification and Assessment
4. Developing the WPV Program Plan
5. Hazard Control and Prevention
6. Education and Training
7. Implementing the Program
8. Evaluating the Program
9. Program Improvement and Sustainability
10. Additional Resources

# Suggested Sequence of Activities

## Workplace Violence Prevention Program Development, Implementation, and Evaluation



# What Makes This Toolkit Different and Valuable?

- Provides new tools that were developed and trialed by Oregon hospitals:
  - Gap analysis tools
  - Staff survey tool
  - Patient assessment tools
  - Injury data management and analysis tool
  - Communications plan
  - Safety and security assessment
  - Incident report

# What Makes This Toolkit Different and Valuable?

- Provides a roadmap of all program elements that are needed to implement comprehensive programs
- Includes related resources in one location
- Instructional chapters and tools
- Facilitates the sharing of best practices and reduces the need to “reinvent the wheel”

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

A. Management Leadership
   - Ensuring Ownership and Accountability – Just Culture/HROs

B. Employee Participation

C. Written Violence Prevention Policy
   - Zero-Tolerance Policy

D. Program Management
   - Violence Prevention Program Champion
   - Program Manager and Committee/Team
   - Program Plan

E. Communications/Social Marketing

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

### F. Hazard Identification/Assessment

- Data analysis and surveys
- Assessment of the physical work environment and practice

### G. Hazard Abatement

*I. Engineering Controls e.g.,*

- Controlled access to buildings
- Security/silenced alarm systems
- Exit routes including safe rooms for emergencies
- Monitoring systems and natural surveillance
- Improve lighting indoors and outdoors
- Noise barriers
- Metal detector systems
- Barrier protection to work areas
- Design of patient areas for de-escalation; comfort to reduce stress
- Furniture, materials, and maintenance
- Travel vehicles are properly maintained; barriers are present

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

G. Hazard Abatement (Continued)

*II. Hazard Abatements: Administrative and Work Practice Controls*

- Incident reporting
- Identifying and tracking patients/visitors at high risk for violence
- Employees working alone or in secure areas
- Entry procedures

H. Education and Training

I. Ongoing Program Evaluation and Proactive Hazard Prevention

- Transportation procedures
- Security personnel and rounding
- Incident response and post incident procedures
- Incident investigation
- For home-care employees

# WSI Project Process

1. Define the scope of hazards related to violence and the impact on the organization (what, where, and cost) – all facilities
    a. Review existing policies and procedures
    b. Analyze incident, injury, and cost data from 2012 to 2016
    c. Complete gap analysis of existing programs
    d. Conduct staff survey
    e. Conduct hazard analysis via facility walkthrough (ongoing)

    “b-e” are used to evaluate WPV programs after implementation

# WSI Project Process

2. Identify best approach for program development based on all data collected
    - Prioritize activities to be completed
    - Determine who will manage and facilitate the project plan and committee membership
    - Identify pilot unit; however, WPV has to be house-wide project as interventions cannot be isolated to one unit
    - Develop project/program plan (business plan) with strategic and tactical elements
    - Assign responsibilities and timelines
    - Identify tools and resources needed

# WSI Project Process

3. Obtain management approval and support of the plan
4. Develop program tools as needed
5. Implement the program including any pilot activities
6. Evaluate program process and outcomes
7. Roll out program to other units/tasks as applicable

# Injury Data Summary: Aggregate WPV Related

- In top five causes of reported incidents but few result in employee injury
- 0-6.6% of OSHA recordable are related to WPV vs. all OSHA recordable injuries
- Account for 0-6.5% of lost time injuries
- Location of most injuries: Ed, Behavioral Health, Medical and/or Surgical unit, ICU, (and Clinic at one facility)
- Perpetrator: 85%-100% – Patient
- Type of violence:
  - In three hospitals 60-70% – verbal
  - In two hospitals – 20% verbal (reporting process may be a factor)

# WPV Staff Survey Questions

- Demographics
- Staff definition and frequency of workplace violence
- Frequency of exposure, types of violence, and perpetrators
- Policy and procedures and management support
- Training
- Incident response
- Reporting
- Response post incident
- Violence prevention – staff ideas
- Home health

# Staff Survey: WPV Themes

- Four hospitals participated
- N = 1469 responses or 47% aggregate response rate
- 14-32.5% of respondents thought that WPV had increased during the time they have worked at the facility
- 34-43.9% of respondents thought the incidence of violence had not changed
- Respondents thought the following were the primary risk factors for violence at the facility:
  - Drugs, alcohol, and mental illness
  - Organizational – wait times, financial, bullying, shift work, training-related issues, communication, lack of security etc.
- 12 - 29% of respondents indicated that they see or experience violence at work weekly or monthly

# Staff Survey: WPV Themes

- 79-88% of WPV incidents experienced in the last year were verbal assaults and 42-53% were physical assaults
- About 50% of the respondents said they participated in WPV training, but approximately 25% felt that the training could be improved
- Of those who said they have not attended training, 45-60% stated they should receive violence prevention training
- 78% of respondents stated they know what to do when you witness or are involved in a work place violence incident and that assistance would be provided when requested

# Staff Survey: WPV Themes

- The primary reasons that would impact whether staff will report work place violence incidents or not are:
    1. Severity of the incident
    2. Condition of the patient
    3. Whether someone else reported the incident
    4. Fear of retaliation (by patient, family, visitor)
    5. The reporting procedure is unclear or time consuming
    6. Whether coworkers are supportive or not
    7. Which supervisor is on shift

# Staff Survey: WPV Themes

## Staff Role in Prevention

- When asked how they could contribute to decreasing the risk of violence in the workplace the main themes from respondents were:
  - Communicating and listening, using non-threatening presence, and de-escalation
  - Be aware and alert
  - Attend training
  - Encourage reporting so there is a documentation trail
  - Request for security if this does not exist
  - Cameras in ER hallway/parking lot; lock system or key card entry system added to the lab door; visitor limitation in ER
- 30-70% of home-health staff that responded were aware of the requirements of ORS 654.421 related to home health

# Facility Culture and Accountability

- As leaders in your organization:
  - Have knowledge about WPV and your role and responsibilities within your 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

# Facility Culture and Accountability

- 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 and project coordinator
  - WPV committee
  - Effective worker training
  - On-going evaluation of the program

# 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
- Expectations 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

# Sustainable and Effective Programs

- Build effective communications processes
- Provide meaningful data tracking and trending, along with cost benefit modeling
- Investigate every report as if it were a medical error
- Be involved in “After Action Reviews” (root cause analysis) of occupational injuries and near miss events
- Ensure proactive safety audits are conducted

# Sustainable and Effective Programs

- Employee engagement…and reengagement
- Ongoing training and education
- Foster an active Workplace Violence Committee
- Consider WPV prevention in remodel and new build projects

# Challenges and Barriers

- Staff turnover
- Competing priorities
  - WPV security related equipment and personnel
  - Staff training (initial and ongoing)
  - Staff to provide training
  - Lack of internal expertise

# Addressing Barriers

- Executive commitment and mid-level management buy-in is imperative!
  - Improved education about the topic
  - Relevant data collection, analysis, and presentation
- Have a dedicated program manager and interdisciplinary team to facilitate the program
- Spending time on understanding safety culture and program gaps
  - Identifying and prioritizing needs
  - Develop a program plan and a business case

# Addressing Barriers

- Engaging direct and non-direct care staff – changing culture (behaviors)
- Understanding that one person cannot be responsible for the whole program and change culture etc.
- Program efforts must be proactive and linked to organizational goals/mission etc.
- Program development cannot be “forced” or “rushed” – changing culture takes time
- Worker safety/WPV must be considered in building design(new or remodel)

# How Can You Help Prevent WPV? – Employee Participation

## Ongoing Worker Engagement and Reengagement

Participation in:

1. The safety/violence prevention planning process
2. Identifying safety/violence related hazards
3. Reporting an injury, hazard, or concern, including near misses
4. Identifying safety solutions, WPV safety equipment and processes
5. WPV/safety audits and walkthroughs
6. Education and training

# How Can You Help Prevent WPV? – Employee Participation

## Ongoing Worker Engagement and Reengagement (Continued)

Participation in:

7. Safety champion/coaching programs
8. "Safety" huddles for training, feedback, and kudos
9. Executive/management rounding
10. Security/physical safety considerations in new building or remodeling projects in new building or remodeling
11. Evaluating and updating the program
12. Participating in the WPV committee

# Toolkit and Resources

## Workplace Violence Prevention Toolkit

https://www.oahhs.org/safety

# Links and Endorsement

- The Joint Commission and Oregon OSHA link to our toolkit on their WPV resource pages
- Endorsed by other key stakeholders:
  - Oregon Medical Association
  - Oregon Nurses Association
  - American College of Emergency Physicians – Oregon Chapter
  - Oregon Center for Nursing
  - Northwest Organization of Nurse Executives (NWone)
  - Oregon Emergency Nurses Association
  - SEIU Local 49

# Questions?

# Thank You


## Katie Harris, MPH

Director of Rural Health and Federal Policy

Oregon Association of Hospitals and Health Systems

kharris@oahhs.org

503.479.6027