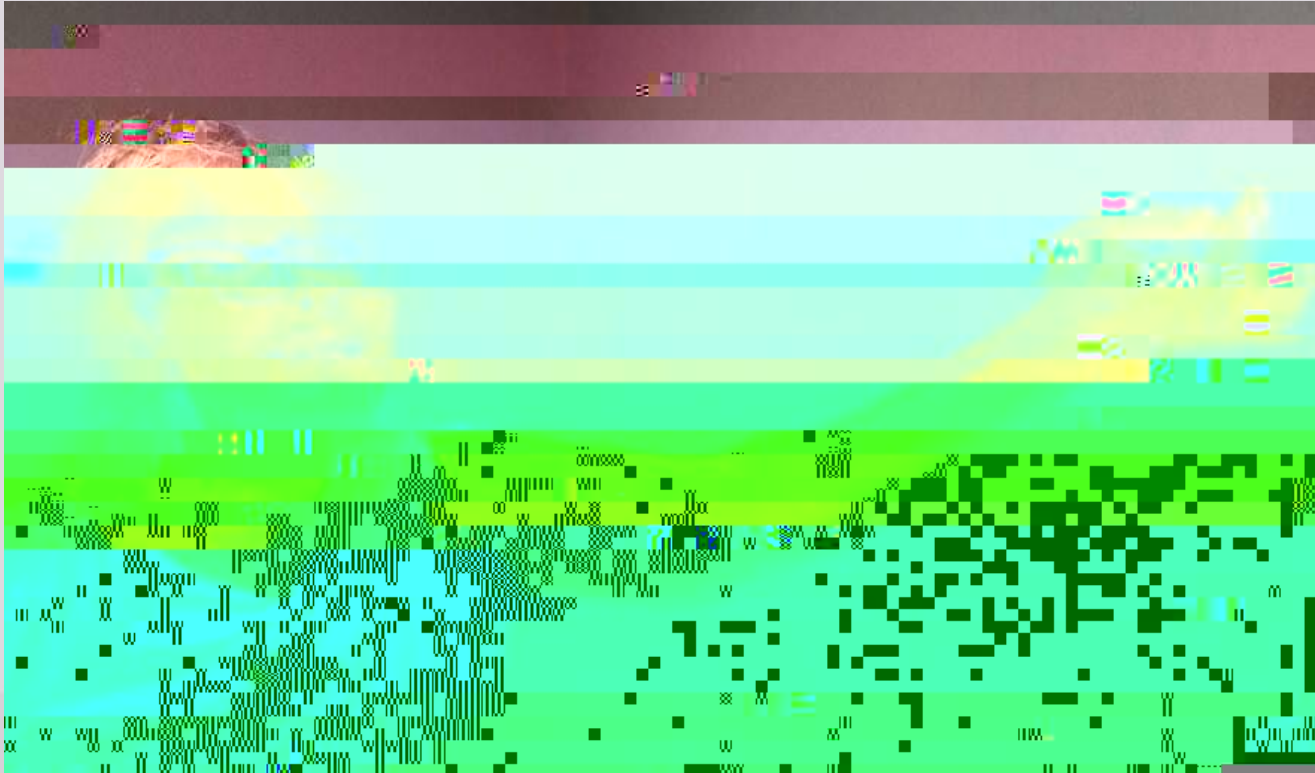# Developing a Comprehensive Workplace Violence Prevention Program

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The Face Of Workplace Violence

Objectives

- Identify the key OSHA definitions and recommendations associated with workplace violence prevention, and understand the reality of violence in healthcare.

- Identify the core components of a comprehensive workplace violence program.

- Demonstrate proactive workplace violence prevention tools.

- Define future work and program development opportunities.

OSHA

Definition: Workplace violence is any _____ of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site.

- Currently no specific standard – falls under general duty clause.
  - Standard in development
- 26 states, Puerto Rico and U.S. Virgin Islands have OSHA approved State Plans.
- One of OSHA's 5 areas of interest.
- 2015 OSHA published an update to its

  voluntary guidelines.

The Reality In Healthcare

- Bureau of Labor Statistics data shows that Healthcare is the #2 industry in the United States for Workplace violence.

- The American Psychiatric Nurses Association (APNA) has reported that nearly 500,000 nurses experience verbal and physical violence each year.

- The Occupational Health & Safety Administration's (OSHA) data shows that of the approximately 25,000 workplace assaults reported annually; 75% occur in the healthcare industry.

- According to OSHA, 80% of all violence against healthcare workers is perpetrated by their patients.

A Quick Comparison

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

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
  - Employee Event – Violence Against Staff

- Re-categorized the Employee Health Data base to identify violence

Where We Are

Our Construction of a Collaborative WPV Program

Management Actions
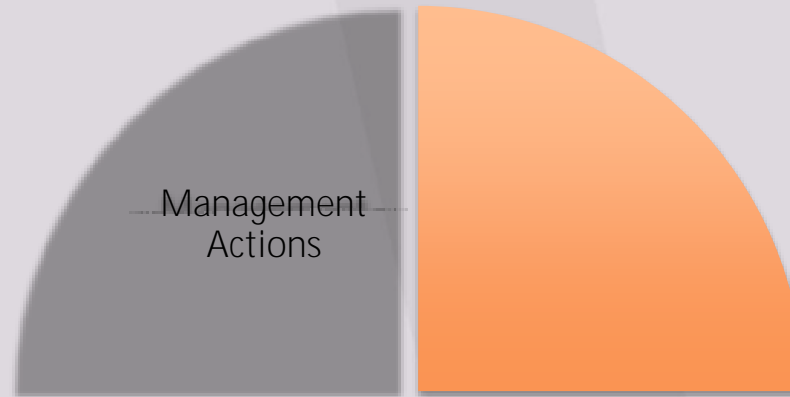
Education is Foundational

Two Primary Reasons

- Builds Confidence
- Informs Response

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Employee Engagement

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

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Employee Response

- Preventative/ Proactive Tools
  - Threat Levels
  - Proactive Patrolling
  - Key Alerts: CRACK & BOLO Posting/ Reporting, Alert Flags
  - Hospital Individual Threat Database
  - Threats and Harassments Reporting
  - ED Violence Risk Assessment
  - Security Threat Assessment Team
    - Inter-disciplinary Involvement
    - Bed-Side Threat Analysis
    - Mitigation Planning
  - Threat Assessment Protocol (TAP)
  - Threat Management Team
  - Patient Flags
- Reactive Tools
    - Security Alert – Public Safety Needed

Standard Threat Levels

Low Level Threat: LLT

A LLT is a subject or incident that presents minor disruptions to normal facility operations, and presents a low threat of violence.

Medium Level Threat: MLT

A MLT is a subject or incident that presents major disruptions to normal operations and presents the possibility for violent action.

High Level Threat: HLT

A HLT is a subject or incident that presents major disruptions to normal operations and has a verified history of violent action.

Critical Level Threat: CLT

A CLT is a subject or incident that presents a known and immediate threat of significant bodily harm or death to patients, staff or visitors.

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Investigations & Intelligence

- Key Alerts:
  - Be on the look out (BOLOs)
  - Critical Incident Watches (CIW)
  - Critical Response and Critical Knowledge (CRACK)
- Hospital Individual Threat Database (HITDB)
- Regular Intelligence Reporting
- Threat Investigation & Assessment

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Threat Assessment Protocol (TAP)

- Deeper Investigation of Potential Threats
  - Criminal Background
  - Contributing Medical History
  - Previous History with Subject
  - History with other facilities
  - Recommended Threat Level and Protocol

Threat Management Team

Meets Monthly

- Reviews TAP Workups
- Identifies Recurring Issues
- Develops Preventative Protocol
- Flags for Situational Awareness

Membership

- Public Safety
- Lead Hospitalist
- Social Work
- Nursing Administration
- Risk Management

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Metrics for Assessment

- Workplace Violence Indicators

  Damage to Property

  Disorderly Conduct

  Drugs/Alcohol Found

  Elopements

  Medical Assist

  Threats

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Proactive Patrolling

- Based on our Operational Intelligence
- Shifts Patrol Focus: Week to Week – Month to Month
  – Increased Suppression through Presence
  – Decreased Response Times
- Interactive Engagement with Clinical Staff

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Threats & Harassments Program

- For employees dealing with a threatening or harassing situation in or outside the organization.
  - Threat Investigation
  - Liaison with HR
  - Liaison with Law Enforcement
  - Assist with Protective Orders
  - Provide Escorts
  - Specialized Parking
  - Panic Alarm

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Security Threat Assessment Team

- Designed to address **prevention** needs.

- Based on **collaboration and resourcing** for full spectrum care.

- Utilizes:
  - Public Safety/ Security Staff – Leading the analysis
  - Bedside Clinical Staff
  - Social Work Staff
  - Patient Experience Staff

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Key considerations:
- Disruption to operations

- Type of acting out behavior

- Number of subjects involved

- Special considerations

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Planning Worksheet

Once the concerns are identified the planning begins.

Section 1:

Key Concerns and threat level.
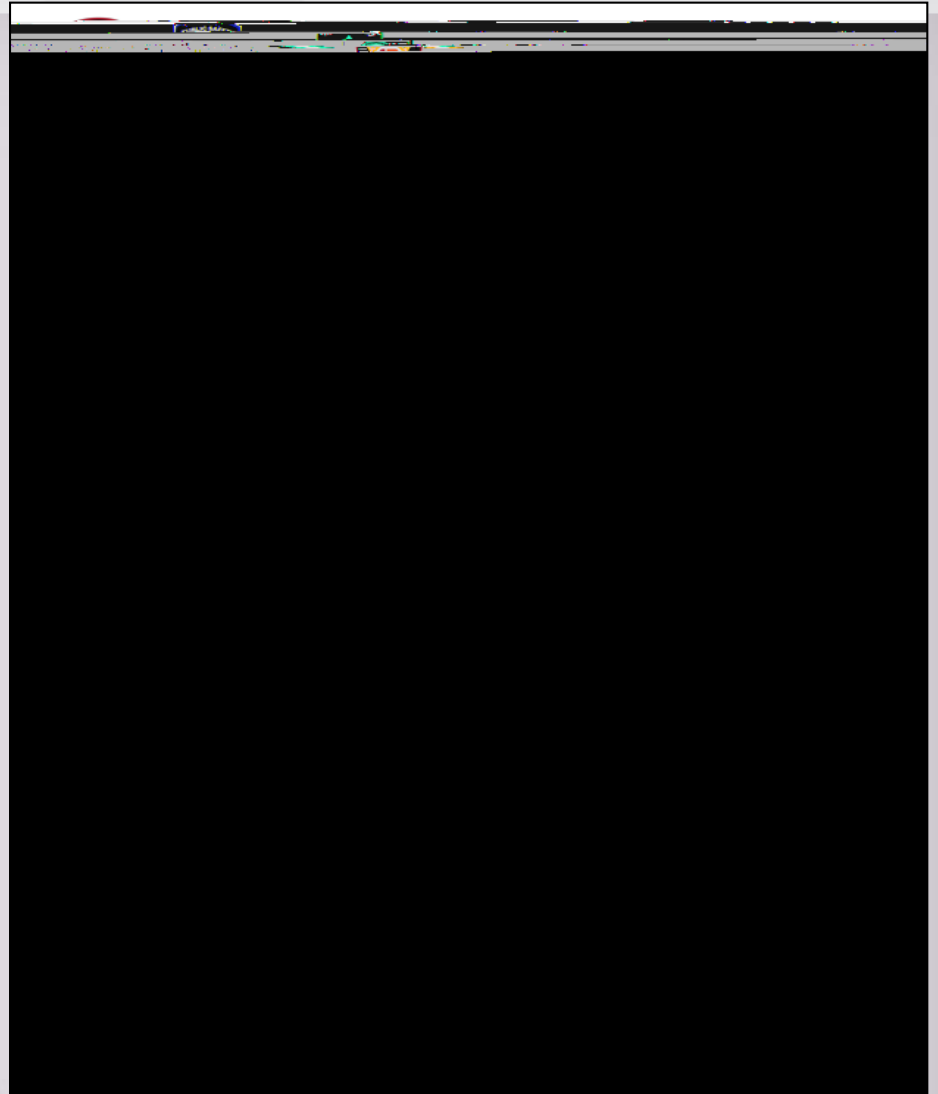
Section 2:

Clinical

Section 3:

Social Work

Section 4:

Patient Experience

Section 5:

Public Safety

Distribution: 1 copy to each team member/ 1 to paper chart.
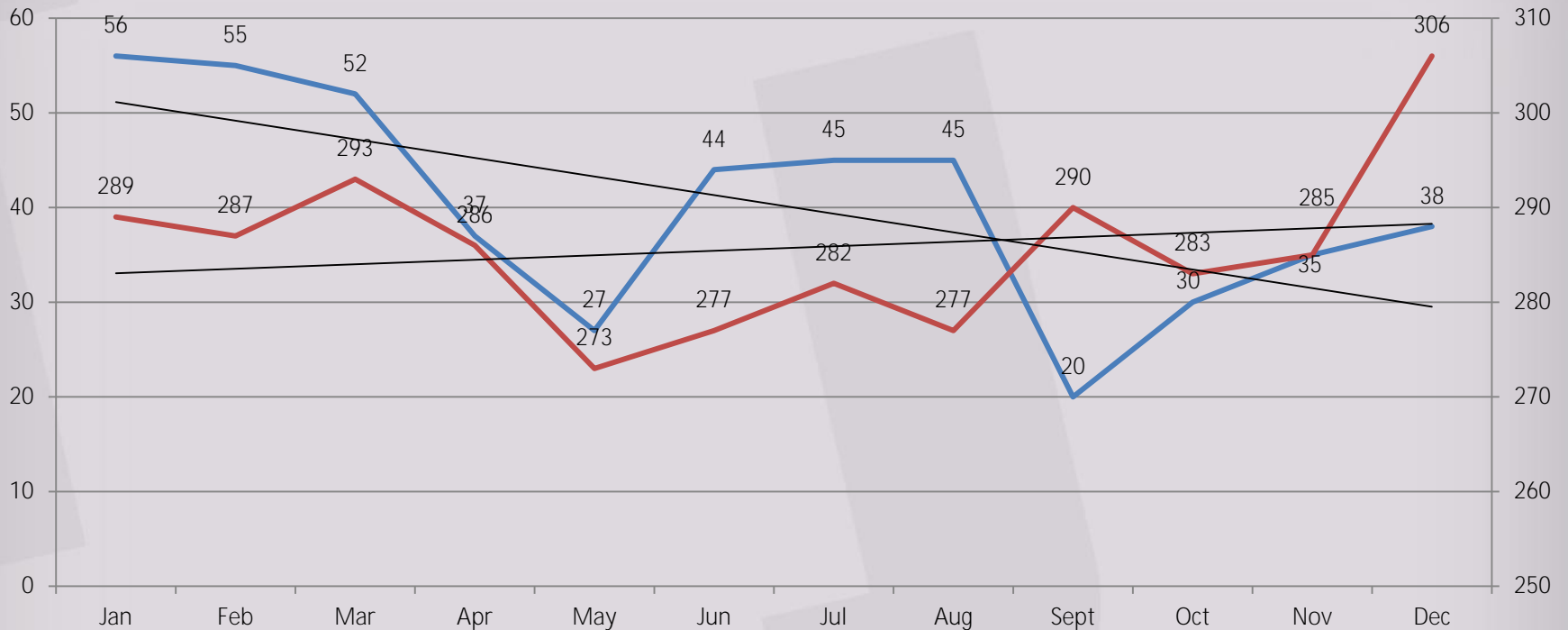
Management Oversight

Collaborative Workplace
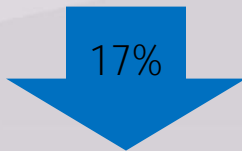Violence Prevention

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Feeding Continuous Improvement

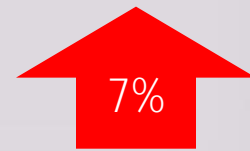"Nothing wilts faster that laurels that have been rested upon." **Unknown**

Results

Year over Year — 17% (down)

Incidents Per Month — 8.4 (down)

Patient Population — 7% (up)

Our Future Objectives

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

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What Can You Do?

Professionally

- Promote Deterrent Legislation
- Demand Professional Education

Organizationally

- Educate your employees
- Develop your Security Forces
-

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Questions?

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