HOSPITALS AGAINST VIOLENCE

American Hospital Association®

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ASHRM

AMERICAN SOCIETY FOR HEALTHCARE RISK MANAGEMENT

A personal membership group of the
American Hospital Association

“Universal Precautions” for Health Care Violence: A Culture Shift

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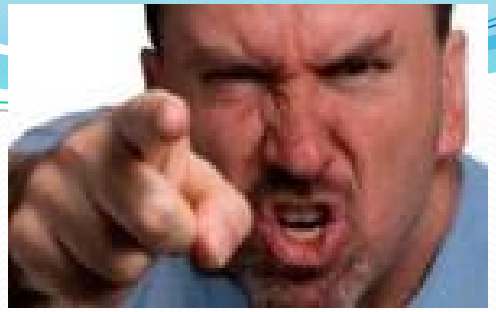
Objectives

- Discuss the reasons for the persistent tolerance for aggression in health care
- Describe the effects of patient aggression on patient/staff safety
- Discuss strategies that promote the culture of zero tolerance and universal precautions for staff



Sound familiar?

"You know, we joke around about it's not a good day if you haven't been verbally abused, spit on, or someone's taken a swing at you."

"You gotta put people in their place when they yell at you"

"It's just part of the job…you have to be tough"

National Organizations Speak Out

- The Joint Commission
- Emergency Nurses Association
- National Nurses United
- American Nurses Association
- American Association of Critical Care Nurses
- International Council of Nurses
- American Medical Association
- American Hospital Association
- American Organization of Nurse Executives

ECRI Institute

The Discipline of Science. The Integrity of Independence.

Top 10 List of Patient Safety Concerns for Healthcare Organizations

2015

#3 Managing Patient Violence

Failure to Provide adequate safeguards against workplace violence/assaults

California

- State Hospital: $57,000
- State Hospital: $38,555

Maine

- Hospital: $6,300

New York

- Residential Substance Abuse Rehab: $28,000

Victims

52% of all violence occurs against healthcare workers.

ENA 2011 Nurses Study

- The overall frequency of physical violence and verbal abuse during a seven-day period for full time ED Nurses was 54.5%
- Experienced physical violence: 12.1% and verbal abuse only- 42.5%
- The majority of the victims did not file an event report

Healthcare Sector Leads all Industries in Violence

Occupation	Rate
All Occupations	12.6/1000
Physicians	16.2
Nurses	21.9
Mental Health Professionals	69.9

Per 1000 Employees
2011 National Crime Victimization Survey and The Bureau of Labor Statistics Data

Organizational Factors

- A weak/nonexistent policy
- Inadequate employee acquisition, supervision, and retention practices
- Inadequate training on violence prevention
- No clearly defined rules of conduct
- A nonexistent/weak mechanism for reporting
- Failure to take immediate action

Organizational Costs

- Workers' compensation claims
- Litigation for unsafe work environment
- Increased turnover/absenteeism
- Property Damage
- Need for increased Security
- Overtime or hiring temps
- Effects on recruitment/retention

- The average cost of a homicide is $850K
- The average jury award for a case of negligence involving violence is approximately $3M dollars
- The average out of court settlement for negligence lawsuits is $500K
- Over 1.1M days of lost productivity
- Property damage, diminished public image, credibility
- Security, workforce recovery/wellness= $ Billions
- 60:1 ratio of cost in terms of aftermath vs. prevention

Impact of Aggression/Violence

- Loss of self esteem and confidence
- Loss of trust of professional abilities/expertise
- Job dissatisfaction
- Elevated stress levels (PTSD)
- Feelings of anger, fear, depression, guilt
- Trauma
- Death

Risk Factors for Violence

- **Alcohol/Drugs/Psych**
- High levels of stress
- Inappropriate staff attitudes
- Long waits for service
- Lack of training
- Limits on drink/food consumption
- Lack of TX options
- Difference in language/culture
- Access to guns
- Lack of staff
- Poor environmental design
- Unrestricted movement
- Poorly lit areas
- Inadequate Security

Risk Reduction/Safety Strategies

"We live in a world where the patient has more rights than the staff and that is beat into us every day"

Leadership Commitment

- Assessment of the organization
- Allocate appropriate authority and resources
- Endorsement and visible involvement
- Demonstrate concern for employees
- Assure managers understand their obligations
- Maintain a system of accountability
- Institute a violence prevention program
- The Patient Experience DOES NOT TRUMP the appropriate management of aggression

Four Universal Precautions for Workplace Violence/Aggression

Violence/Aggression is usually

Predictable and Preventable

First Universal Precaution

Zero Tolerance concept

Culture of Zero Tolerance

- Aggressive/violent behavior is not tolerated (including lateral/vertical/horizontal violence)
- Notification to the community of the Culture of Zero Tolerance
- Established protocols are followed when there is escalation
- Involvement of law enforcement
- Possible termination of patient relationship

OSHA Guidelines

"Employees must be provided a safe and harassment-free workplace".

*The intent of this regulation **does apply** to violence or aggressiveness on the part of patients and visitors.*

OSHA Recommendations

- Workplace violence program
- Workplace violence controls: administrative and engineering
- Training of staff
- Screening of all patients for violence potential
- System that flags patients with history
- Communication to staff re: violent patients
- Trained Security personnel

Violence Prevention Program

- Establish an uniform reporting system and regular review of reports
- Policy on specific strategies to be instituted system-wide
- Training of staff for violence prevention and post event management

Post Event Support

- Provide comfort and peer support
- Expression of understanding
- Debriefing with staff involved

- Referrals for staff to appropriate resources
- Post incident response and evaluation

Prevention Program Evaluation

- Survey employees
- Evaluate safety/security measures
- Review reports/minutes on safety/security
- Analyze trends relative to “baseline” rates
- Set QI goals to lower the frequency and severity of workplace violence
- Evaluate work practice changes for effectiveness
- Request law enforcement/consultation for additional recommendations for safety

Second Universal Precaution

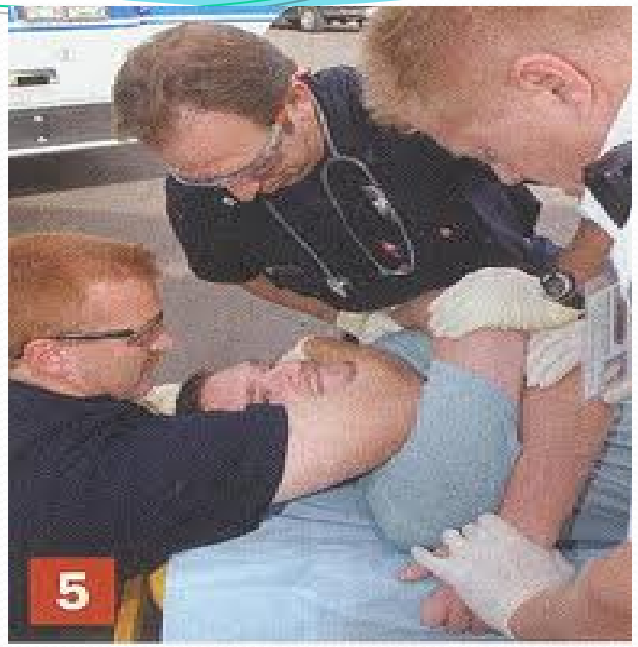
Recognize escalation

And intervene immediately

Interventions

- Do not ignore disruption/threats/aggression
- Provide distractions
- Calm, directive approach
- Maintain distance/open egress
- Check body language
- Set limits without humiliation/threats
- Utilize medication

Safety Strategies



- Isolate the person
- Identified “safe” area for staff
- Secured ED entrance & egress
- Use of restraints/seclusion
- Have law enforcement liaison
- Establish a list of restricted visitors/patients

Third Universal Precaution

Institute a Culture of Reporting

Workplace Violence Incident Report Form

Date of Incident | Time

Date reported

Location of incident

Description of Incident or Threat: (use additional paper if necessary):

Name of Perpetrator (if known):

Perpetrator's Relationship to County (if known):

Weapons involved: Yes ☐ No ☐ | If yes, specify:

Name of victim

Department | Phone:

Injuries: Yes ☐ No ☐ | If Yes, specify:

Witness(es): Include witness written statement. | Department

Phone

Law Enforcement Notified: Yes ☐ No ☐

If Yes, Name of Agency and Report Number:

Property Damage: Yes ☐ No ☐ | If Yes, specify:

Corrective Action(s) Taken: (Use additional paper if necessary)

Recommended Corrective Action(s) (use additional paper if necessary):

Provided Employee Assistance Program information: Yes ☐ No ☐

Department Representative who completed this form. | Phone

Underreporting Reasons

- Absence of policies
- “Part of the job”
- Poor performance
- Empathy for patient/family member
- Lack of evidence of physical injury
- Shame/fear/threat of further violence
- Lack of supervisor support/fear of reprisal
- Cumbersome reporting mechanisms

Fourth Universal Precaution

Debrief All Events

Debriefing Culture

- Routine
- Constructive
- Non-blaming
- Encourage discussion of the event

Barriers to Debriefing

- Culture: aggression is “part of the job”
- Lack of time
- Lack of administrative support

Additional Strategies for Risk Mitigation

Establish a Rapid Response Team

- Proactive approach to risk mitigation
- Person(s) that can be immediately accessed should a patient, visitor, staff person begin to escalate
- Could be a multidisciplinary team of trained personnel

Ensure Staff Competencies

- Train ALL staff in predicting/identifying aggression and de-escalation techniques
- Competencies for Sitters

Non-violent crisis intervention for:

- Security
- ED Staff
- ICU Staff
- Administrative/Nursing Supervisors
- All staff involved in Crisis Intervention

Additional Training

- Respectful approaches
- Restraint/seclusion
- Workplace violence program

Summary

- Most workplace aggression is preventable
- Institute a strong, comprehensive violence prevention program focused on zero tolerance
- Use an interdisciplinary team approach
- Mandate reporting
- Collect data and set improvement goals

TOOL BOX

- Staff Debriefing worksheet
- Learning From Defects – Johns Hopkins
- ENA ED Workplace Violence Staff Assessment

RESOURCES

- OSHA Guidelines for Preventing Workplace Violence for Health Care & Social Service Workers *http://www.dangerousbehaviour.com/DisturbingNews/Guidelines%20for%20PreventingViolence%20HSS.htm*
- *CDC/IOSH, Violence Occupational Hazards in Healthcare, https://www.cdc.gov/niosh/docs/2002-101/*
- ASHRM Workplace Violence Toolkit, *http://www.ashrm.org/resources/workplace_violence/index.dhtml*
- PA Patient Safety Advisory: Violence Prevention Training for ED Staff: http://patientsafetyauthority.org/ADVISORIES/AdvisoryLibrary/2012/Mar;9(1)/Pages/01.aspx
- Crisis De-Escalation Training for Staff and Consumers in Inpatient and Other Service Delivery Settings, National Research and Training Center(NRTC) *http://www.psych.uic.edu/UICNRTC/dep-training.htm*
- Emergency Nursing Association Workplace Violence Toolkit, *http://www.ena.org/IENR/ViolenceToolkit/Documents/OSHA%20analysis.htm*

THE END

Thank you for your participation!

Proceed with Confidence!

Questions/comments can be forwarded to:

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