

## Changing Perceptions About Safety Event Reporting at Advocate Aurora Health

Advocate Aurora Health, dual headquartered in Milwaukee, Wis., and Downers Grove, Ill., made event reporting a top priority by recognizing it as a strategic organizational goal. Staff developed an internal formula to standardize safety event reporting data and compare incident levels (such as the number of reported safety events across business lines, medical groups and more departments) throughout 100-day periods. This framework helped leaders create and follow safety objectives, further enhancing its culture.

To achieve this, staff had to overcome negative perceptions around safety event reporting.

“Event reporting has historically been considered a form of a write-up,” said Elsie Lindgren, Advocate Aurora Health safety leader. “Therefore, team members assumed reporting safety events were like tattling.”

Advocate Aurora’s executive leadership combated this line of thinking by consistently promoting and marketing event reporting as an opportunity to identify latent safety threats.

“Rather than middle management trying to convince executive leaders as well as their direct reports to report and the reasons why, our leaders all went through the training together,” Lindgren said. “Therefore, the importance of reporting was made very apparent.”

Mary Beth Kingston, Advocate’s chief nursing officer, said the organization’s safety culture grew rapidly after leaders began consistently and systematically integrating workforce and patient safety efforts.

A system-wide multidisciplinary team built a workplace violence prevention and mitigation plan, which succeeded partly because of active participation from safety and security personnel.

“Raising awareness through a specific multichannel communication plan was the first step,” Kingston said. “Other initial work focused on engagement of team members, consistent risk assessment, reporting and data trending, training, and support for our team members.”

Kingston said these steps helped leaders make a strong business case to help procure needed resources for preventing and reducing workplace violence, which leads to costly turnover, increased workers’ compensation costs, loss of experience and expertise, decreased engagement, and decreased productivity.

In addition to the team, the organization also hired a workforce safety leader.

“Workforce safety is incorporated into the overall safety program following high-reliability principles,” Kingston said. “We continue to build out the program. Increased reporting has certainly helped with data to understand the scope of the problem, but also opens up conversations with front-line staff to hear their views and ideas for improvement.”



Tony E., public safety officer | Advocate Christ, Ill.

*For more information, contact Elsie Lindgren, system vice president, patient safety and high reliability, at [Elsie.lindgren@aah.org](mailto:Elsie.lindgren@aah.org), or Chanay Mackey, director, team member safety, at [Chanay.mackey@aah.org](mailto:Chanay.mackey@aah.org).*

## Building a Culture of Safety with Peer-to-Peer Support at CHI Health

From 2019 to 2020, Omaha, Neb.-based CHI Health reduced staff assaults resulting in injuries by 50%.

A multidisciplinary leadership team worked with a workplace violence prevention expert for 18 months to complete a gap analysis of systemwide safety goals. The team benchmarked its progress against best practices popularized by the Emergency Nurses Association, National Healthcareer Association, Occupational Safety and Health Administration, and the Centers for Disease Control and Prevention.

“The gratification from this process was impressive to each participant,” said Laura Hertzig, CHI Health patient safety and risk manager. “We had a great learning experience and know we are doing important work that will impact outcomes.”

Safety leaders used an incident reporting system to identify opportunities for improvement. By aggregating and then analyzing safety reporting data, leaders learned that acute care and emergency department staff needed de-escalation and basic self-defense training, which the health system now provides. They have trained acute care staff to respond to assaults as a team.

Leaders also created an intensive post-assault management process, which involves regular follow-ups with assault survivors. Staff log and track all attacks on staff and complete case reviews. Leaders train staff to support employees post-assault, providing staff with scripted questions to help manage sensitive conversations.

After surveying staff who experienced assault, safety leaders learned that survivors generally preferred to converse with colleagues over other self-care approaches.

“I don’t feel I have much time to take space to use self-care tools while I am working,” one assault survivor commented. “I generally rely on the positive relationships I have with my co-workers to vent or to have a moment of laughter when I need to decompress.”

Leaders responded by implementing a peer-to-peer support program, “Stress First Aid,” modeled after a template developed by the U. S. Department of Veterans Affairs and adapted by Schwartz Center Rounds for Healthcare. CHI system leaders are currently recruiting peer champions to participate in the program.

Safety leaders also studied resilience manuals and partnered with a behavioral health resiliency coordinator to improve how staff responded to violence in the long term. They employed a workplace violence prevention policy and applied an incident reporting identification system specific to workplace violence.

Leaders also posted signs in public areas emphasizing the system’s intolerance for violence, which has already resulted in “a significant decrease in occurrences” in the system’s Des Moines, Iowa, facility.

“Addressing the opportunities took time, and manpower,” said Hertzig. “Education remains our barrier due to resources, funds and endorsement.”



Ann Schumacher | president of CHI Health Mercy

# Creating Safer Workplaces: Safety Strategies that Worked

January 2022

While CHI Health “is transitioning to an intolerance of overall violence,” Hertzig said, managing violence is not easy when it comes from patients. She said that leaders address patient violence by frequent rounding and reinforcing expectations while respecting the patients’ preferences, needs and staff safety.

To better forecast potential violence among patients, CHI leaders implemented the Brøset violence checklist, a short-term violence prediction tool measuring either the absence or presence of confusion, irritability, boisterousness, verbal threats, physical threats and attacks.

Leaders then trained staff to use crisis management plans for patients who score high on the Brøset scale. These plans use calming strategies to enhance patients’ self-awareness.

Staff integrated the checklist into CHI’s emergency medical record so nursing staff could easily access it. Because the tool is copyrighted, CHI has to pay annually to use it.

*For more information, contact Ann Schumacher, president, CHI Health Immanuel, Mercy and Lasting Hope, at 402-572-2291, 712-328-5067 or [ann.schumacher@chihealth.com](mailto:ann.schumacher@chihealth.com).*

## Heightened Vigilance at MLK Jr. Community Healthcare

MLK Jr. Community Healthcare in Los Angeles, Calif., has the second busiest emergency department in Los Angeles County. The department serves more than 90,000 patients a year, although it was designed for a maximum of 30,000. The resource-stretched staff also cares for a high number of patients with behavioral health and/or substance use disorders, or who are homeless — all factors that can contribute to violence.

Since implementing its workplace violence prevention program, MLK Jr. Community Healthcare staff saw a significant reduction in workplace violence, with violent incidents shrinking by 34% the first year of the program and by 17% the second year.

Executive leadership spearheaded the hospital's workplace violence prevention committee, which thoroughly analyzed worksite hazards, implemented control measures and de-escalation training across all departments, and documented incidents to identify and analyze trends.

The organization trains every employee annually to tackle workplace violence by increasing awareness, vigilance, interpersonal communications, self-defense and stress management, among other topics. It dedicates additional resources to educate staff who work in high-risk departments. To stay up to date, the hospital also partners with local law enforcement, federal support associations and the International Association for Healthcare Security and Safety.

As a result, employees are prepared and effective.

"Staff are more aware of the key indicators for aggression," said Mark Reed, director of support services at MLK Jr. Community Healthcare. "Because our staff can identify early warning signs, we can de-escalate aggression before it turns to violence."



MLK Jr. Command Center

For more information, contact Mark Reed, director, support services, at 124-338-8004 or [mreed@mlkch.org](mailto:mreed@mlkch.org).

## Security Measures Elevated at Norton Children's Hospital

Keeping staff safe from aggressive patients and visitors is top of mind at Louisville, Ky.- based Norton Children's Hospital.

When behavioral health admissions and visitor aggression increased, all staff, including physicians and security officers, were trained on verbal de-escalation strategies. A core group of individuals were also educated on nonviolent crisis intervention.

Leaders minimized possible entry points, stationed security officers at locations that remained open and screened visitors more thoroughly. They also posted a pledge in all care areas to promote an environment of mutual respect and belonging. More security officers were hired, and rounding increased throughout the hospital, outdoor campus and garages.

Security officers underwent additional training and are now armed and educated to safely use Tasers, which has helped them to de-escalate certain incidents. For example, when a patient recently charged at a staff member with a knife, a security officer deployed a Taser on the patient to safely stop the attack.

"This allowed us to take the knife for safekeeping, get the patient to a safer environment, and prevent any harm from occurring to our staff," said Erik Martin, vice president and chief nursing officer at Norton Children's Hospital.

Norton leaders have also strengthened their relationship with the local police department and now staff their emergency department 24 hours a day, seven days a week with an off-duty police officer.

"Our emergency department staff will tell you that they are confronted with fewer instances of patients or parents acting out and experience less episodes of disrespect," Martin said. "The mere presence of a police officer has created an atmosphere where communication is more respectful. When tension is rising or voices are escalating, the police officer rounds through the area and their presences alone can often deter things without any additional intervention."



Emergency helicopter at Norton Children's Hospital

*For more information, contact Erik Martin, vice president and chief nursing officer at Norton Children's Hospital, at 502-629-2923 or [Erik.Martin@Nortonhealthcare.org](mailto:Erik.Martin@Nortonhealthcare.org).*

## Proactive Training at Children's Hospital of Orange County

Between 2019 and 2020, Children's Hospital of Orange County (CHOC) in California put in place a multifaceted workplace violence prevention plan to protect its health care personnel from aggressive and violent behavior. CHOC in that time reduced workplace violence incidents by 68% and lowered serious injuries and illnesses by 97%.

CHOC leaders hired a dedicated employee to create and oversee the program, implemented in response to the California Division of Occupational Safety and Health's 2017 legislation requiring health care facilities to establish workplace violence prevention plans. CHOC also created a violence training department, which manages organization-wide violence prevention efforts, trains staff to de-escalate hazardous situations, and teaches employees situational awareness skills as well as how to physically intervene when necessary.



Staff at CHOC Children's

As CHOC implemented the prevention program and process, "it became immediately apparent that our clinical staff, across all units, needed more education and support surrounding high-risk interventions such as restraint usage, and emergency medication administration, and dealing with complex psychosocial dynamics," said Harving Parra, workplace violence program manager at CHOC.

The violence prevention program manager established processes for incident investigation and debriefs and provides staff with more than 100 hours of de-escalation, active shooter and code yellow (or missing patient) training.

Parra cited CHOC's executive support as foundational to the program's success. He said the organization's investment in these programs, as well as its safety and incident reporting — which provides the information needed to understand safety concerns, triggers, interventions and the impact of violence in the workplace — has helped CHOC staff to get ahead of threats.

"Standardizing our security incident reporting by leveraging reporting software gives us key data points that help us identify trends," Parra said. "It allows us to take proactive and predictive measures to mitigate risks."

CHOC fine-tuned its multidisciplinary threat assessment approach through what it calls a Safe Workplace Intervention Team. This team streamlines internal communication efforts and sets behavioral alerts for risky visitors and patients through CHOC's emergency medical record.

These efforts have been transformational, Parra said, especially when combined with standard workplace violence prevention processes, such as:

- Taking a zero-tolerance approach to workplace violence
- Identifying workplace violence incidents

# Creating Safer Workplaces: Safety Strategies that Worked

January 2022

- Standardizing workplace violence investigations
- Conducting annual risk assessments
- Providing staff with incident debriefing resources
- Reviewing annually the workplace violence prevention program

“The change organizationally around workplace violence has been incredible, from an awareness and educational needs standpoint,” said Parra.

CHOC also runs a proactive intervention team called iSTEP, which stands for Implementing Safe Trauma-Informed Evidence-based Practices, to address an increase in workplace violence incidents in its medical, neuroscience intensive care and other inpatient units. Team members — including behavioral health, workplace violence, security, customer service and nursing staff — round daily, preemptively identifying potential behavioral issues, microaggressions or incidents of aggressive behavior before they escalate.

Through this early identification, the team can provide necessary resources, recommend consults and take proactive safety measures to guide the staff through difficult situations for better outcomes, Parra said.

This came in handy when a developmentally delayed patient with a documented history of aggressive behavior was admitted for a surgical procedure. The iSTEP team consulted with the patient’s father and learned how to avoid the patient’s triggers and de-escalate any issues before the procedure.

CHOC guided the patient’s nurse through several potential prevention interventions, some of which involved coordinating multiple departments, increasing communication between disciplines and teams, and advocating for the best care possible. Ultimately, the child received exceptional care without incident.

“Although the suggestions required a significant amount of work, they would save the kiddo from being both emotionally and physically traumatized during an intervention should he be triggered and act out aggressively,” Parra said.

*For more information, contact Calvin Fakkema, director of safety, security and emergency management, at 714-509-8335 or [cfakkema@choc.org](mailto:cfakkema@choc.org).*

## The Power of Signage at Piedmont Healthcare

Over the past seven years, Piedmont Athens Regional Medical Center in Georgia has dramatically reduced workplace violence. Its comprehensive violence prevention program, which encompasses everything from security bedside threat assessments to violence risk assessments conducted by clinical staff, reduced workplace violence events by 37.8% from 2015 to 2020. In 2019, staff saw 51.7% fewer incidents.

“Everything around our workplace violence prevention program was developed to reduce or eliminate both verbal and physical abuse of our employees,” said Mike Hodges, system director of public safety at Piedmont.

Hodges said that the executive team’s engagement and support has been instrumental to the change. Additionally, “having nursing leaders who are supportive and participative has been critical to our success,” Hodges said. “Nursing is the key stakeholder in violence prevention, as they are the group most commonly affected.”

Piedmont found that, in addition to risk assessments and standard prevention and safety protocols, public support of staff made a difference. Leaders placed signs at all facility entrances that read:

*“Our workers have the right to be treated with dignity and respect at all times. They should be able to do their jobs without being physically or verbally abused. Thank you for respecting their right to an abuse free workplace.”*

The response from staff was highly positive.

“That was a simple thing, putting up some signs, but our staff saw it as clear support of them in the prevention of workplace abuse, and it probably had more impact on our employees than any other thing we have done,” Hodges said.

In addition to measured reductions in damage to property, disorderly conduct, threats and harassments, Piedmont’s violence prevention program boosted staff confidence, Hodges said. It also opened the door to additional violence prevention and employee safety initiatives.



Mike Hodges, system director, public safety | Piedmont Healthcare

For more information, contact Mike Hodges, system director, public safety, Piedmont Healthcare, at 706-475-3482 or [mike.hodges@piedmont.org](mailto:mike.hodges@piedmont.org).



## Strict Entry Procedures at St. Joseph's Hospital of Buckhannon in W.Va.

In 2019, leaders at St. Joseph's Hospital of Buckhannon in West Virginia, a critical access hospital, realized they needed to strengthen their security presence and add safety controls to their facility. This need came to a head when a patient slashed his own wrists with a knife during an emergency room (ER) visit and in front of a nurse. This was traumatic to that nurse and troubling for the entire staff.

"He could have just as easily lunged at [the nurse]," said St. Joseph's President Skip Gjolberg. "This event caused us to reassess the safety of our staff and patients."

In response, the organization doubled its safety team, adding security officers among other staff. While Gjolberg said that convincing him and other leaders to spend more money "took some work," it was worth it.

As a result of the investment, security staff monitor the facility and grounds 24/7. Two security officers are on duty during each hospital shift, with one dedicated to monitoring the ER entrance. Leaders also added extra security cameras and security lock boxes outside hospital entrances, where local law enforcement and fire department officers can access keys to the facility, maps of the building, badges and other necessary items in case of emergencies.

In addition to the extra security, leaders implemented a workplace violence training program called AVADE (Awareness, Vigilance, Avoidance, Defense and Escape/Environment), to educate staff and security officers on de-escalation techniques.

Leaders also train security officers on how to use gel-based pepper spray — aerosol spray can infiltrate the ventilation system — and handcuffs. The officers do not use firearms or stun guns.

In 2020, leaders limited access to the building, requiring badges or codes for visitors, patients and staff at all entry points. They ordered the front lobby closed after 5 p.m., when visitors and patients must enter through the ER entrance. This area features a controlled access door that requires an additional badge or access code.

Leaders also regularly survey staff about their safety concerns and address those worries on a consistent basis.

Gjolberg said these measures have improved the security of the facility and the safety of patients and staff.

"[Staff] feel more confident in their duties, and they just feel safe in at the hospital itself," Gjolberg said. "Just walking out to the parking lot at night and knowing that there's security present" makes a difference.



Security team at St. Joseph's Hospital