Better Together: Developing a Comprehensive Workplace Violence Prevention Program Utilizing the Public Safety/Employee Health Model 2017B009

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PIEDMONT ATHENS REGIONAL MEDICAL CENTER

WHO WE ARE

• Founded 1919; became part of Piedmont Healthcare on Oct. 1, 2016
• 360-bed non-profit hospital & regional referral center serving a 17-county service area
• Level 2 Trauma Center & Level 3 Neonatal Intensive Care Unit, urgent care centers, and an extensive physician network
• Staffed by more than 3300 employees
• Located in Athens Georgia
What famous Grammy winning band started in Athens, Georgia when they were students?
REM
WPV: WHERE WE WERE

• No common reporting or not reported at all

• 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
- Basic Elements
- Collaborative Management

Total Work Place Violence Prevention
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
  – In their Training/ In the Response Tools
  – In the Response of Public Safety
  – In the Response of Employee Health
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

- Management Actions
- Employee Training & Engagement
- Management Oversight
- Employee Response
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 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
MANAGEMENT OVERSIGHT

Inter-disciplinary Oversight
Quarterly Meetings

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

Membership:
Executive Leadership
• CMO
• CNO
• COO
• Physician Practice Leaders
• Urgent Cares Leaders
• Behavioral Health Physician
• Public Safety
• Employee Health
• Safety
• ED Management
• Home Health Management
• Quality Department
• RN Education
• Employee Education
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
FEEDING CONTINUOUS IMPROVEMENT

Management Actions

Employee Training & Engagement

Management Oversight

Employee Response
QUESTIONS?

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