Developing a Comprehensive Workplace Violence Prevention Program

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THE FACE OF WORKPLACE VIOLENCE

Workplace violence is any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. Occupational Safety & Health Administration

Healthcare is the #2 industry for workplace violence according to BLS.
THE REALITY IN HEALTHCARE

• According to the ANA, 60% of all workplace violence in the United States occurs in a healthcare facility.

• In a *Creative Nursing* article, Hester, Harrelson, and Mongo report that of 5000 RNs survey, 76% reported having experienced some form of violence at work.

• In the same survey, of the 3500 Emergency Department workers surveyed, 25% have experienced violence over 20 times in the last three years.
What are the effects on our employees?

**Significant Impacts on a Quality Care Environment**

- Bureau of Labor Statistics Reports
  - 7% increase in Absenteeism
  - 6% increase in Turnover
  - 21% increase in Fear Levels
  - 9% decrease in Productivity

- Median days away from work as a result of intentional injury by another person is **7 days**.

- For healthcare workers, assaults comprise **11%** of workplace injuries involving days away from work, as compared to **3%** of injuries of all private sector employees.

**Violent Environments Promote Poor Quality Care and Decreased Employee Engagement**
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
WPV: WHERE WE WERE

• No common reporting or not reported at all
• Cultural Acceptance: 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

- Collaborative Management
- Basic Elements
- Foundational Capabilities

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**
  – Consistent Relationship Building
  – 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
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:
Key Executive Leadership: CMO, CNO, COO
Key Department Leadership: Public Safety, EH&S, Risk Management, Human Resources, Learning and Development
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
Define Future Objectives

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

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