

Workplace Violence Prevention Initiative

Lori Locke, RN, MSN, NE-BC
Director, UH Psychiatry Service
Line & Nursing Practice

Agenda

1. Overview: Workplace Violence in Healthcare
 - a. Definition
 - b. Prevalence
 - c. Impact

2. UH Case Medical Center Workplace Violence Prevention Initiative: Focus Areas & Strategies
 - a. Policy
 - b. Education
 - c. Culture Change

Violence on the rise in US hospitals

Man shot wife, himself in murder-suicide at Lehigh Valley Hospital hospice

Mildred and Elwood Osman.

March 19, 2013



Violence on the rise in US hospitals

A nurse supervisor is shot trying to stop an 85-year-old patient who opens fire in a Danbury Conn., hospital (March, 2010).

A 77-year-old man visiting his elderly wife in a Winter Haven, Fla., hospital in May as she recovers from a stroke fatally shoots her and then kills himself. (2010)

A 26-year-old man is arrested in 2008 and charged with assault and battery after he punches a triage nurse in the face and throws her against a wall in a Massachusetts hospital, angry about his wait for service.

Violence on the rise in US hospitals

“combative patient, blocking face with arm”

“patient swung cane at me, hit right hand”

“patient punched me in the throat”

“patient pushed a bed into my left thigh”

“struck by patient’s grandmother in the face”

“patient struck nurse in the head three times with the phone receiver, knocking her to the floor”

Overview: Workplace Violence in Healthcare

National Institute for Occupational Safety & Health:

“violent acts directed toward persons at work or on duty”

Violence on the rise in US hospitals

Crime by the numbers | Reported by year

Murders, rapes and assaults in health care facilities since 1995*



*NOTE: The Joint Commission began gathering statistics on these events in 1995. Reporting of events to the Joint Commission is a voluntary process and should not be viewed as reflecting an epidemiologic data set. Assumptions cannot be made regarding prevalence or frequency of events.

Types of Workplace Violence

Type I (Criminal Intent)

Type II (Customer/client)

Type III (Worker-on-Worker)

Type IV (Personal Relationship)

Overview: Workplace Violence in Healthcare

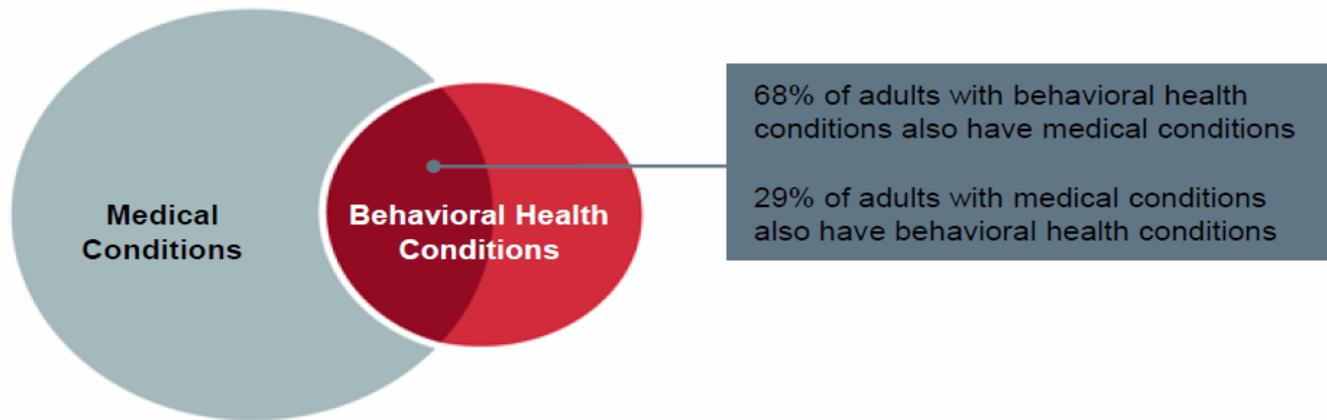
Reasons for increasing violence

- ✓ Open to public
- ✓ Recession/unemployment
- ✓ increasing mental instability

Increasing Mental Instability

Behavioral Health Conditions Highly Prevalent

Patients Diagnosed with Type of Illness¹



66% Medicaid adults with a 'top 5' physical disorder (asthma/chronic obstructive pulmonary disease, congestive heart failure, coronary artery disease, diabetes, hypertension) have at least one behavioral health co-morbidity

88% Highest cost, most frequently hospitalized Medicaid-only disabled beneficiaries have a behavioral health co-morbidity²

25% American adults have a diagnosable behavioral health disorder

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1) Behavioral health disorder diagnosed with a structured clinical interview.
2) Top 25 Multimorbidity Patterns by Per Capita Cost among Medicaid-Only Beneficiaries with Disabilities.

Source: Druss, G. and Reisinger Walker, E. "Mental Disorders and Medical Comorbidity," RWJF, February 2011; Boyd, C. et. al. "Clarifying Multimorbidity Patterns to Improve Targeting and Delivery of Clinical Services for Medicaid Populations," CHCS, December 2010, Health Care Advisory Board interviews and analysis.

Workplace Violence: Healthcare

60% assaults occur in health care

- Health care support occupations - 20 per 10,000
- Health care practitioners - 6 per 10,000
- General sector - 2 per 10,000
- Nurses & nursing assistants experience highest rates

Workplace Violence: Healthcare

Assaults - six month period

- 67% of nurses,
- 63% of Patient Care Assistants
- 51% of physicians

(Gates, Ross, and McQueen, 2006)

Workplace Violence: Healthcare

Nonfatal injuries : 48%

- Assaults, bruises, lacerations, broken bones and concussions
- Lost work time

Prevalence for RN's

- Higher than average worker
- 3x higher incident/likelihood

Workplace Violence: Healthcare

Impact of violence

- Physical injury
- Psychological injury
- Absence/retention
- Quality
- Cost

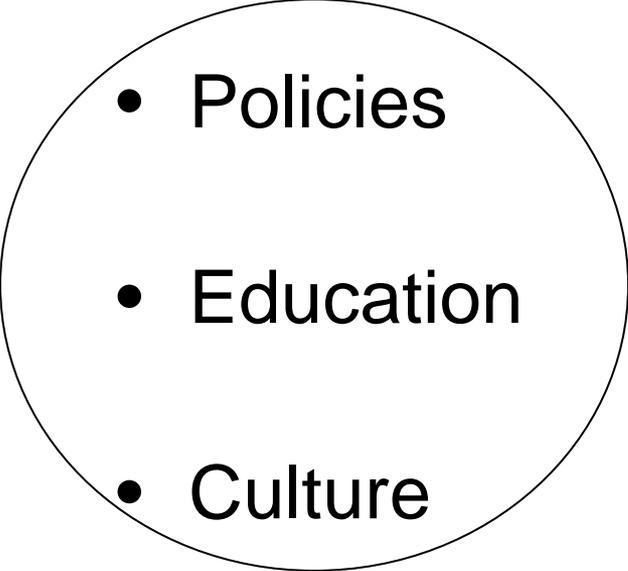
University Hospitals Case Medical Center

Workplace Violence Prevention Initiative

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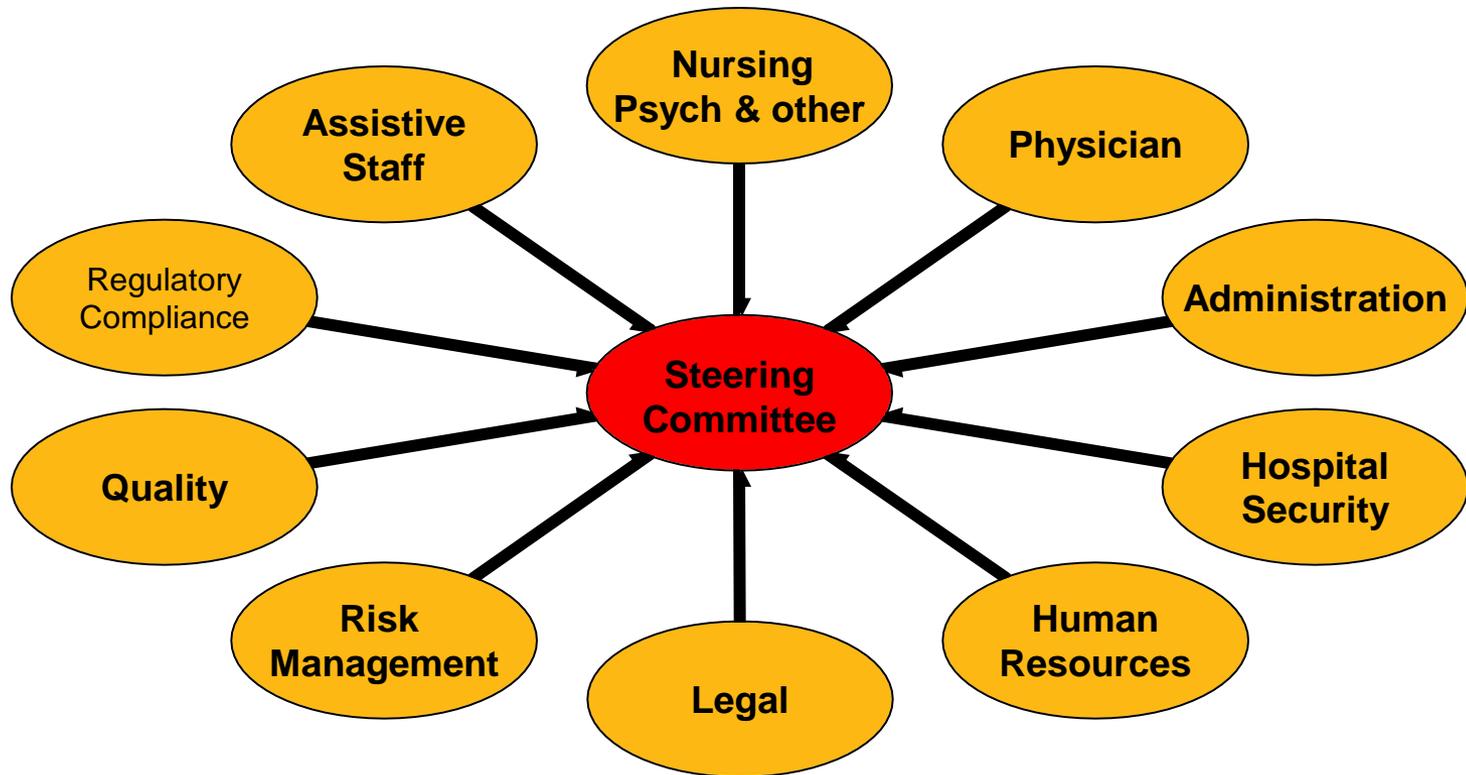
Assessment of Organizational Risk

- Physical Plant
 - Access points
 - Metal Detectors
 - Expanded Camera Surveillance and panic buttons
- Emergency Procedures

- 
- Policies
 - Education
 - Culture

CMC Workplace Violence Prevention Committee

Policy ↔ **Education** ↔ **Culture**
Workplace Violence Steering Committee



University Hospitals Case Medical Center

Strategies

Strategy: Creation of Code Violet Emergency Response Team

- To maintain the **safety and security** of all patients, visitors, and staff.
- To **de-escalate** a combative, abusive and/or potentially dangerous situation and assist an aggressive or potentially violent (here after referred to “unsafe”) person to **gain control of the situation**.
- Used when **initial measures to distract or de-escalate have failed** and there is risk for harm to self or others.
- Used when staff person at any time feels their safety is or may be threatened.

Code Violet Team

Team Members:

- **Emergency Psychiatric Access Team (EPAT) Worker (LISW, LSW, LICC)**
- **2 Protective Services Officers**
- **House Nursing Supervisor**
- **Code White Nurse**
- **Patient's Nurse**

Based on Crisis Prevention Institute principles and philosophy.

All Code Violet Core Members are CPI trained & certified
Debriefing follows each Code Violet

Code Violet Quality Committee

Reviews patient care issues to identify opportunities for improvement in the quality of care through systems change, education &/or individual practitioner accountability.

- CV data tracked in Quality data base
- Review of incident reports
- Review of debriefing records

Code Violet Reports

Reason for Calling Code Violet

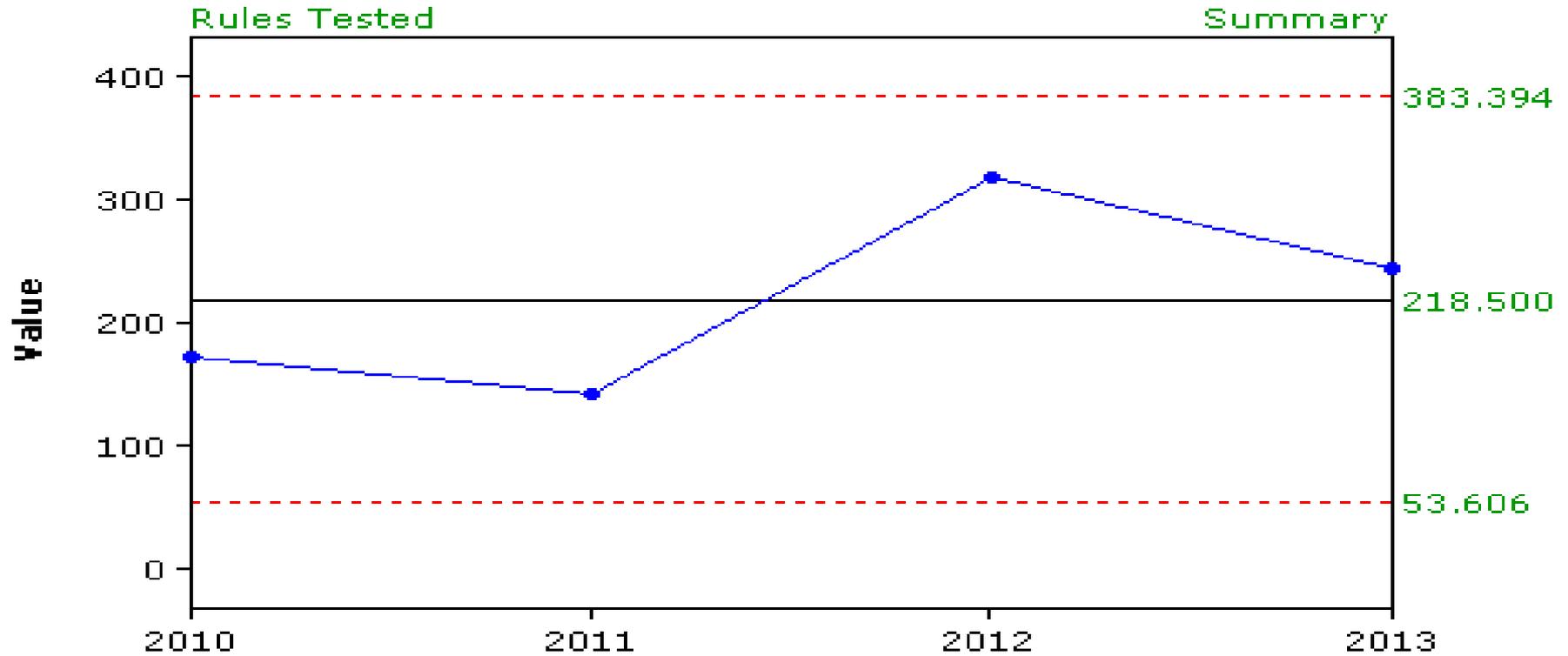
Aggressive/Threatening Behavior	26%
Elopement Risk	25%
Non-directable	23%
Assaultive Behavior	10%
Staff concerned	5%
Intrusive Behavior	2%
Self Harm	2%
Other	8%

Code Violet Underlying Factors

1. Delirium
2. Miscommunication
3. Power struggles with staff
4. Chemical dependency
5. Mental Illness (Psychosis)
6. Family visit

Risk - Code Violet - Total

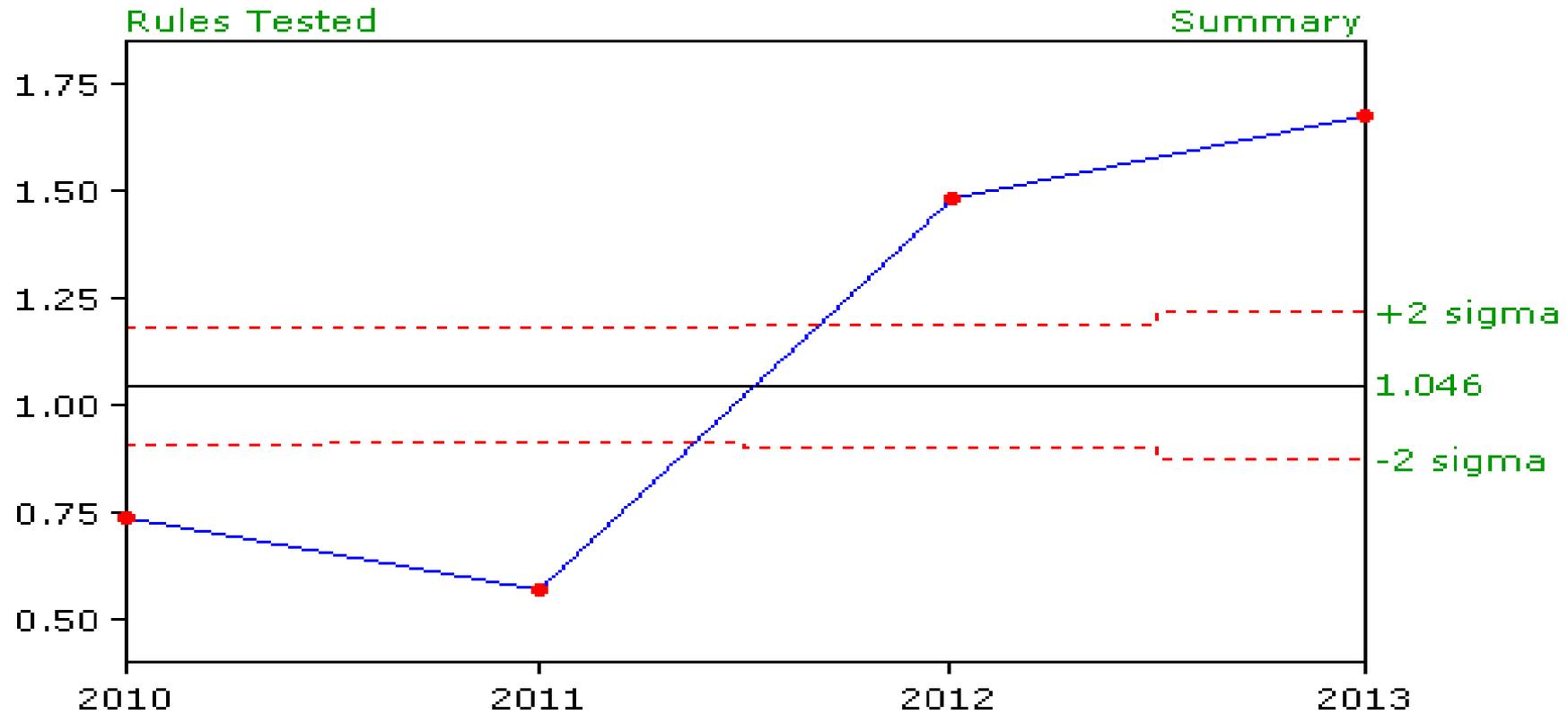
UH Case Medical Center for 1/2010-10/2013 Annually



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Period	Value
2010	172
2011	142
2012	317
2013	243

Code Violet Rate (Per 1,000 Patient Days)
UH Case Medical Center for 1/2010-10/2013 Annually



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Period	Numerator	Denominator	Rate
2010	166	225432	0.736
2011	133	232228	0.573
2012	304	204872	1.484
2013	239	142526	1.677

Strategy: Violence Risk Flag

- **Communication of information relevant to care and safety across all UH health care settings.**
- **Physical violence or the threat of violence**
- **Treatment team decision to flag**
- **Flag links to clinical event note**
- **Treatment team decision to remove flag**



Strategy: Education on Care of the Psychiatric Patient in the General Hospital

Psychiatry CNS & Educator developed on line education:

- Basic pathophysiology of psychiatric illness
- Signs and symptoms: thought disorders, mood disorders, anxiety disorders, and personality disorders
- Treatment
- Nursing care management

Education on Care of the Psychiatric Patient in the General Hospital

Education:

- Mandatory for all RN's
- Specialized education for Emergency Dept RN's
- Monthly nursing case study in-services
- Education modules for MD's

Strategy: Education on Crisis Prevention

Crisis Prevention Institute (CPI) Training

- Targeted areas of highest risk as first priority
- Increased number of CPI trained instructors
- Classes offered at least every two months

1000 UH employees CPI trained

Strategy: Organization Policies: Review, Revise, & New

Current policies review and revisions

- Bullying
- Disruptive behavior
- Code violet
- Psychiatric Involuntary (vs Lack of Capacity-Algorithm)
- Family Visitation
- Search of Patient Belongings
- Workplace violence-include ORC 2903.13

Ohio Revised Code 2903.13: HR Policy

Prohibits assault against healthcare workers

- \$5000 fine
- Fifth degree felony if prior conviction
- Post notice

Specific language in our HR Workplace
Violence Policy

Encourages employees to file

Paid time as needed

Employee advocate thru HR

Strategy: Organization Policies: Review, Revise, & New .

New Policies Written

- Threat of potential violent situation
- Flag to Electronic Medical Record with notes of specific risk and interventions
- Suicide/Homicide/Violence Risk Identification and Management Policy

Suicide/Homicide/Violence Risk Identification and Management Policy

- Guidelines for Assessment and Reassessment
 - Evidenced based assessment tool
 - PHQ-2 (Arroll, et al., 2005)
 - Homicide/violence (Kim, et al., 2011)

Arroll, B. Goodyear-Smith, F., Kerse, N., Fishman, T and Gunn, J. (2005)
Kim, S.C., Ideker, K. & Todicheeney-Mannes, D. (2011).

Suicide/Homicide/Violence Risk Identification and Management Policy

Care Guidelines

- Environmental
- One to one staff ratio
- Education of patient and family

Tools

- Risk factors
- Safety checklist
- Mental Health Resource List (Crisis numbers)

Strategy: Family Centered Relationship Based Communication Guide

“We stop aggression as soon as it starts”

Oct 1, 2004

RN Magazine

VIRGINIA A. BARTHEL, RN, MA

Four Categories of Assessment of Family → Interventions Algorithm

- **Green – Receptive**
- **Yellow – Requires Attention**
- **Orange – Concerning**
- **Red - Urgent**

Strategy: Workplace Violence Prevention Webpage

Intranet Webpage: Workplace Violence
Prevention & Safety → Reinforce Culture

- Links to relevant policies
- Links to education offerings
- Safety toolkits-for managers, for employees
- Site for communication of updates

Strategy: Patrol Service Initiative

Patrol Service Initiative

- Team leaders each shift, designated areas
- Team leaders touch base w/staff members
- Team leaders are kept in the same assigned areas
- Document of touch base, concerns and actions taken
- The forms are reviewed, data tracked and trended

What about Culture Change?

Leadership commitment & organization value

Education & skill building → comfort vs fear

Autonomy to take action

Support & Just Culture

Monitoring Initiative Success & Impact

Assault incidents

Patrol Services Reports

Code Violet – volume & rate/pt day & detail

Workman's comp claims r/t combative pt

Organization safety survey

Workplace Violence Prevention, potential next steps not yet mentioned.....

Consider NIOSH training

Education expanded

Consider Med-psych Unit

Neighborhood Watch Model within the hospital campus

Conclusion

- OSHA Guidelines for Preventing Workplace Violence for Health Care & Social Service Worker:
 - Establish violence prevention programs and track progress
 - Affirm management commitment
 - Commit to a worker-supportive environment that places as much importance on employee safety and health as on serving the patient