

# Key Components of an Effective Workplace Violence Prevention Program: Leadership Engagement and Communication

Thursday, February 22, 2024

Brian Feist, BSN, RN

Sr. Quality Improvement Facilitator, Emergency Preparedness Expert

Telligen



# Collaborating To Support Your Quality Improvement Efforts!



ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION



MHA HEALTH, RESEARCH AND EDUCATIONAL FOUNDATION, INC.



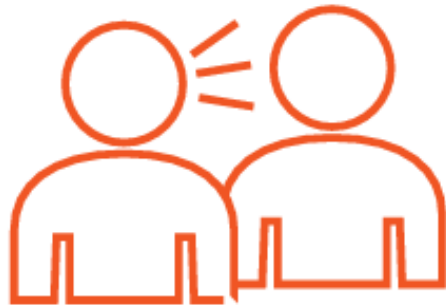
# Learning Objectives

- Define the role of hospital leadership in promoting a culture of safety and preventing workplace violence (WPV).
- Identify root cause analysis opportunities to develop stronger WPV prevention plans and implement best practices in the organization.
- Explore effective communication strategies to de-escalate potentially violent situations.



# Workplace Violence Prevention

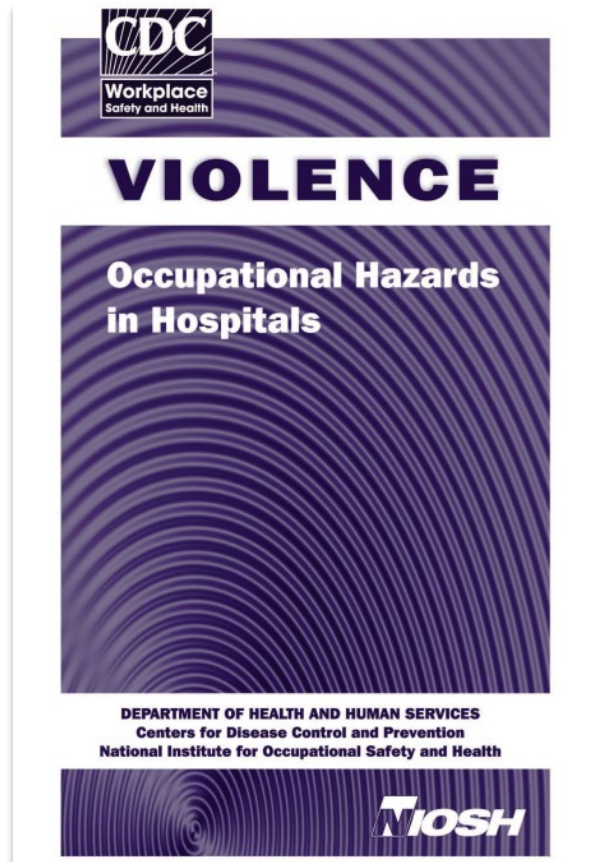
- Workplace violence (WPV) is defined as an act or threat occurring at the workplace that can include any of the following:



- Biting
- Kicking
- Punching
- Pushing
- Pinching
- Shoving
- Scratching
- Spitting
- Name calling
- Intimidating
- Threatening
- Yelling
- Harassing
- Stalking
- Beating
- Choking
- Stabbing
- Killing

- An April 2020 Bureau of Labor Statistics Fact Sheet reported that healthcare workers accounted for 73 percent of all nonfatal workplace injuries and illnesses due to violence in 2018. This number has been steadily growing since tracking of these specific events began in 2011.

# About NIOSH



- As part of the Centers for Disease Control and Prevention (CDC), the [National Institute for Occupational Safety and Health \(NIOSH\)](#) conducts research and makes recommendations to prevent work-related illness and injury
- NIOSH is often confused with OSHA (the Occupational Safety and Health Administration), but NIOSH and OSHA are separate agencies with different functions:
  - NIOSH is a CDC research agency in the U.S. Department of Health and Human Services
  - OSHA is a regulatory agency in the U.S. Department of Labor
- You can find a variety of resources here: [Workplace Safety and Health Topics | NIOSH | CDC](#)

# Today's Speaker



**Brian Feist, BSN, RN**

Emergency Preparedness Clinical Subject Matter Expert & Lead  
Telligen

“The single biggest problem in communication is the illusion that it has taken place.”

George Bernard Shaw



[Workplace Violence Prevention: Keeping Healthcare Workers and Patients Safe](#)

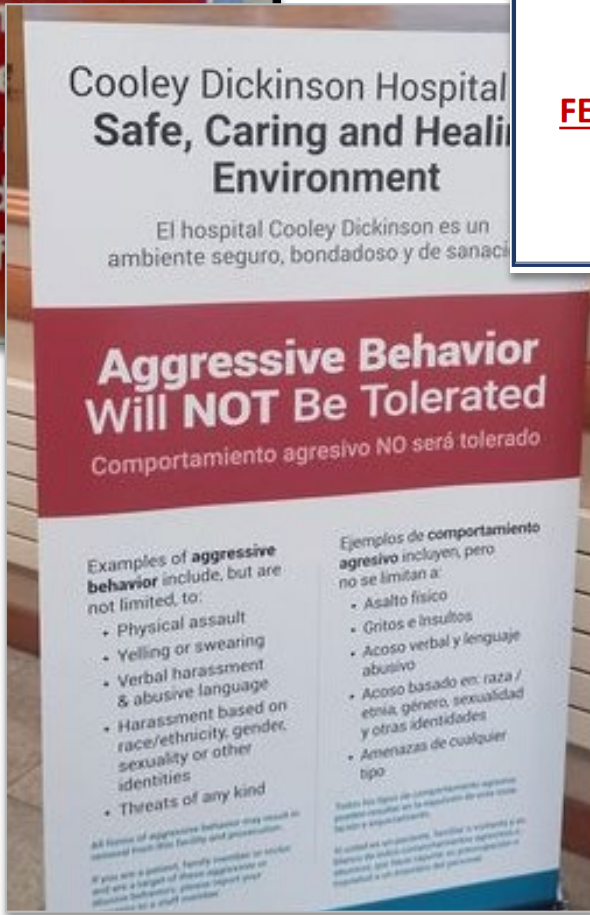
**We Respect You.  
Please Respect Our Staff.**

Abuse of or workplace violence against healthcare staff will not be tolerated and could result in a **FELONY** conviction under R.S. 14:38 or other applicable criminal laws.

LOUISIANA DEPARTMENT OF HEALTH

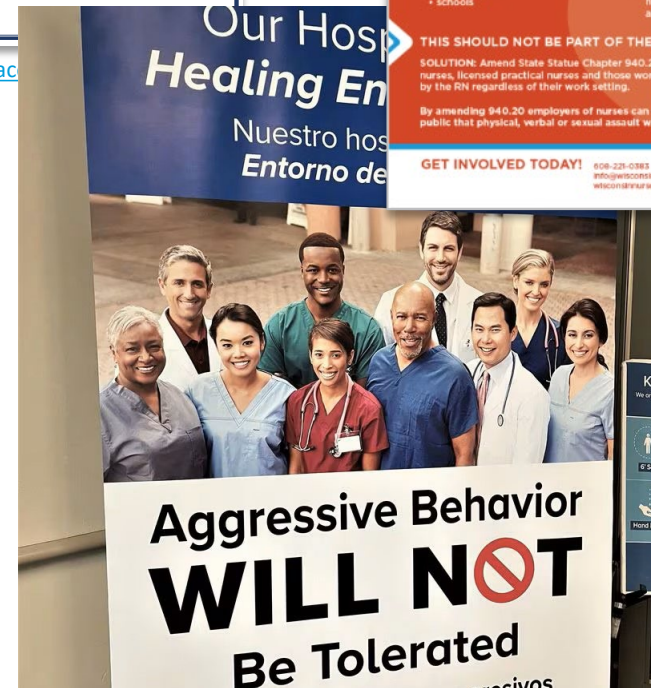


[Workplace Violence - Wisconsin Nurses Association](#)



[Survey Results: Do Aggressive Signs Reduce Aggression?](#)

[Act461-Sample-Healthcare-Workplace-Violence-Signage.pdf](#)



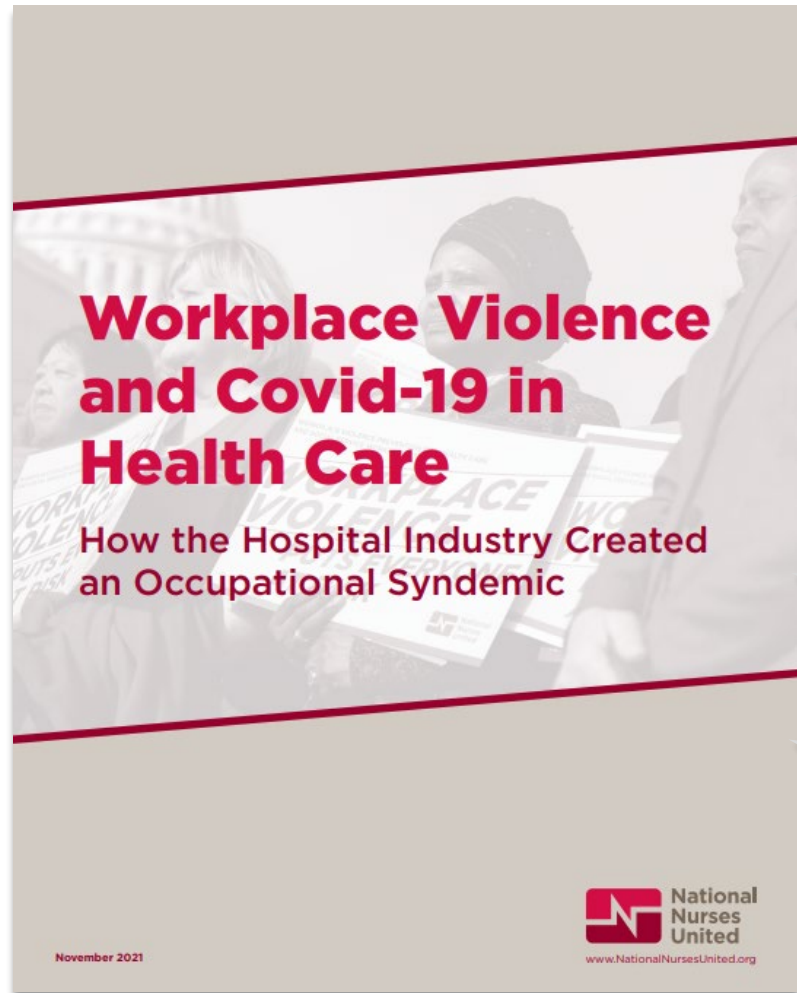
[Signage on aggressive behavior designed to protect health workers, promote respect](#)



# Frontline Staff Support

## Three dead in hospital shooting

Police guard an entry to the Long Beach Memorial Medical Center after a hospital employee shot two other employees, then killed himself. One of his victims died at the scene; the other died later. (Don Bartletti / Los Angeles Times)

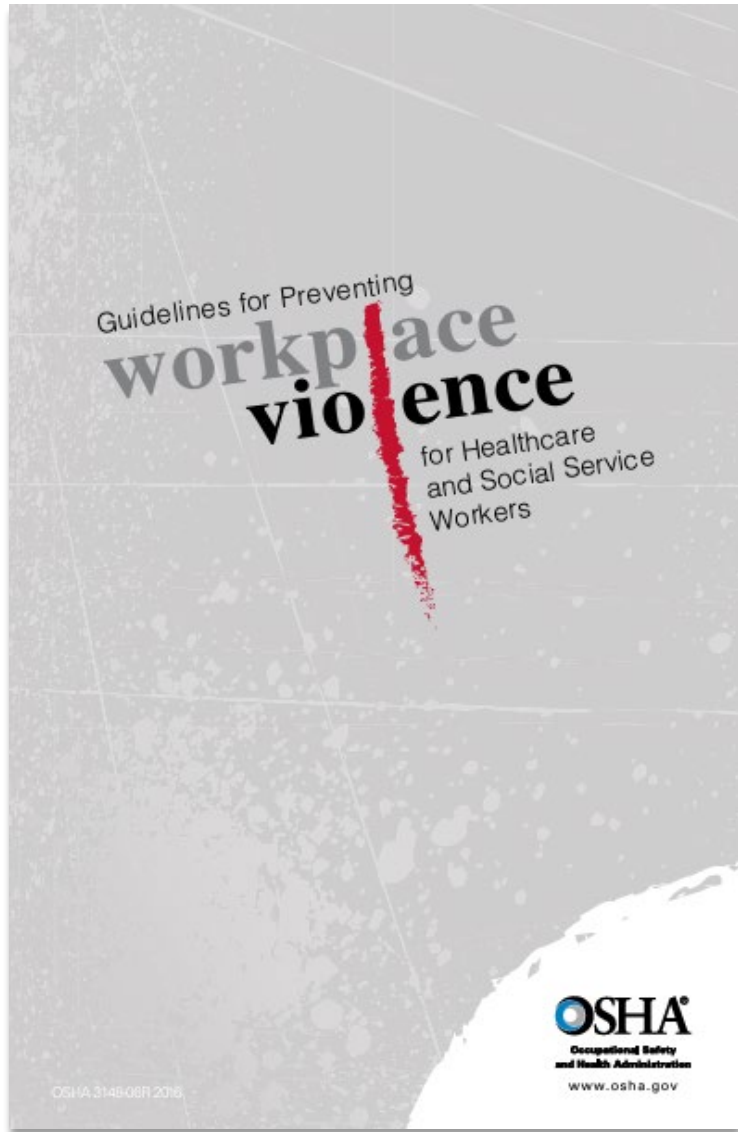


42% of nurses and healthcare workers reported that their employer ignores their reports of workplace violence incidents.

Just 39% of nurses and healthcare workers reported that their employer investigates workplace violence incidents.

59% of nurses and healthcare workers reported that their employer fails to change practices to reduce the risk of violence after an incident.

25% of nurses and healthcare workers reported that their employer blames or reprimands employees who report workplace violence incidents.



Sho  
expe  
care

## Shooting at Tulsa hospital exposes vulnerability of health care facilities

alth

Nation Jun 3, 2022 10:59 AM EDT

### Occupational Safety and Health Act of 1970

“To assure safe and healthful working conditions for working men and women; by authorizing enforcement of the standards developed under the Act; by assisting and encouraging the States in their efforts to assure safe and healthful working conditions; by providing for research, information, education, and training in the field of occupational safety and health...”

This publication provides a general overview of worker rights under the *Occupational Safety and Health Act* (OSH Act). This publication does not alter or determine compliance responsibilities which are set forth in OSHA standards and the OSH Act. Moreover, because interpretations and enforcement policy may change over time, for additional guidance on OSHA compliance requirements the reader should consult current administrative interpretations and decisions by the Occupational Safety and Health Review Commission and the courts.

# Violence Prevention Program

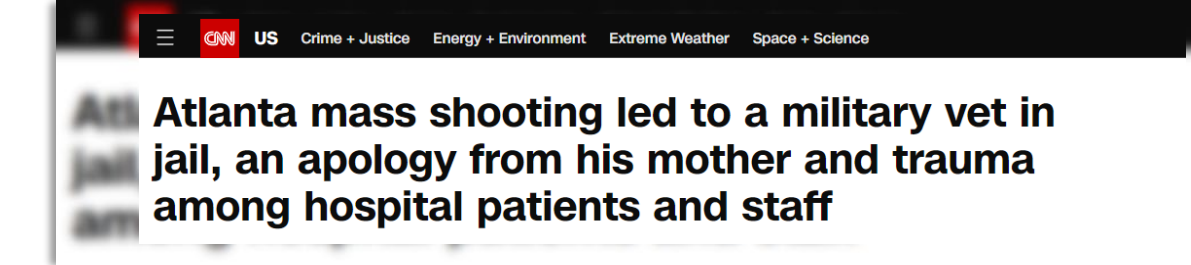


- 1 Management Commitment and Worker Participation
- 2 Worksite Analysis and Hazard Identification
- 3 Hazard Prevention and Control
- 4 Safety and Health Training
- 5 Recordkeeping and Program Evaluation

# Management Commitment and Worker Participation

- Acknowledge the value of a violence prevention program
- Allocate appropriate authority and resources to all parties
- Have clear roles/responsibilities for managers and supervisors
- Maintain a system of accountability
- Implement QI standards
- Provide support staff (medical and psychological counseling and debriefing)
- Create a structured reporting system

<https://www.osha.gov/sites/default/files/publications/osha3148.pdf>



# Worksite Analysis and Hazard Identification

## 2 dead after shooting at Ohio hospital

Ayla Ellison - Wednesday, June 1st, 2022

	Yes	No	NOTES/FOLLOW-UP ACTION
Do workers feel safe walking to and from the workplace?			
Are the entrances to the building clearly visible from the street?			
Is the area surrounding the building free of bushes or other hiding places?			
Is lighting bright and effective in outside areas?			
Are security personnel provided outside the building?			
Is video surveillance provided outside the building?			
Are remote areas secured during off shifts?			
Is a buddy escort system required to remote areas during off shifts?			
Are all exterior walkways visible to security personnel?			

	YES	NO	Notes/Follow-up Action
Do employees have contact with the public?			
Do they exchange money with the public?			
Do they work alone?			
Do they work late at night or during early morning hours?			
Is the workplace often understaffed?			
Is the workplace located in an area with a high crime rate?			
Do employees enter areas with a high crime rate?			
Do they have a mobile workplace (patrol vehicle, work van, etc.)?			
Do they deliver passengers or goods?			
Do employees perform jobs that might put them in conflict with others?			
Do they ever perform duties that could upset people (deny benefits, confiscate property, terminate child custody, etc.)?			
Do they deal with people known or suspected of having a history of violence?			
Do any employees or supervisors have a history of assault, verbal abuse, harassment, or other threatening behavior?			
Other risk factors – please describe:			

# Hazard Prevention and Control



	Hospital	Residential Treatment	Non-residential Treatment/Service	Community Care	Field Workers (Home Healthcare, Social Service)
<b>Security/silenced alarm systems</b>	<ul style="list-style-type: none"> <li>Panic buttons or paging system at workstations or personal alarm devices worn by employees</li> </ul>		<ul style="list-style-type: none"> <li>Paging system</li> <li>GPS tracking<sup>7</sup></li> <li>Cell phones</li> </ul>		
	<ul style="list-style-type: none"> <li>Security/silenced alarm systems should be regularly maintained and managers and staff should fully understand the range and limitations of the system.</li> </ul>				
<b>Exit routes</b>	<ul style="list-style-type: none"> <li>Where possible, rooms should have two exits</li> <li>Provide employee 'safe room' for emergencies</li> <li>Arrange furniture so workers have a clear exit route</li> </ul>		<ul style="list-style-type: none"> <li>Where possible, counseling rooms should have two exits</li> <li>Arrange furniture so workers have a clear exit route</li> </ul>		<ul style="list-style-type: none"> <li>Managers and workers should assess homes for exit routes</li> </ul>
	<ul style="list-style-type: none"> <li>Workers should be familiar with a site and identify the different exit routes available.</li> </ul>				
<b>Metal detectors – hand-held or installed</b>	<ul style="list-style-type: none"> <li>Employers and workers will have to determine the appropriate balance of creating the suitable atmosphere for services being provided and the types of barriers put in place.</li> <li>Metal detectors should be regularly maintained and assessed for effectiveness in reducing the weapons brought into a facility.</li> <li>Staff should be appropriately assigned, and trained to use the equipment and remove weapons.</li> </ul>				
<b>Monitoring systems &amp; natural surveillance</b>	<ul style="list-style-type: none"> <li>Closed-circuit video – inside and outside</li> <li>Curved mirrors</li> <li>Proper placement of nurses' stations to allow visual scanning of areas</li> <li>Glass panels in doors/walls for better monitoring</li> </ul>		<ul style="list-style-type: none"> <li>Closed-circuit video – inside and outside</li> <li>Curved mirrors</li> <li>Glass panels in doors for better monitoring</li> </ul>		



Engineering controls and workplace adaptations to minimize risk

<https://www.osha.gov/sites/default/files/publications/osha3148.pdf>

# Safety and Health Training

## Fatal shooting at Minnesota hospital prompts investigation

St. Cloud Hospital now designated with 'immediate jeopardy' status

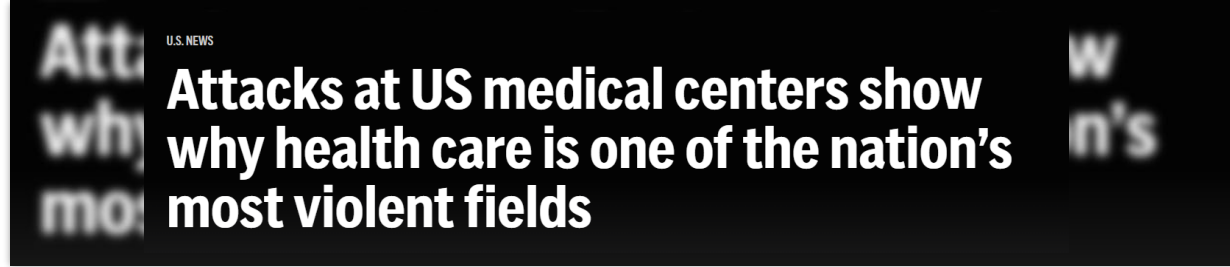


- Workplace violence prevention policy
- Risk factors that cause or contribute to assaults
- Ways to recognize, prevent or diffuse volatile situations
- Ways to deal with hostile people OTHER than patients (relatives/visitors)
- Ways to protect oneself and coworkers
- Location, operation and converge of safety devices

# Recordkeeping and Program Evaluation

- OSHA Log of Work-Related Injuries and Illnesses (OSHA Form 300)
- Medical reports of work injury, workers' compensation reports and supervisors' reports for each recorded assault
- Records of incidents of abuse, reports conducted by security personnel, verbal attacks or aggressive behavior that may be threatening
- Information on patients with a history of past violence, drug abuse or criminal activity recorded on the patient's chart

<https://www.osha.gov/sites/default/files/publications/osha3148.pdf>



- Uniform violence reporting system (and regular review)
- Reviewing staff safety and security issues
- Analyzing trends and rates in illnesses, injuries or fatalities caused by violence
- Measuring improvement – reduction in frequency and severity of workplace violence
- Surveying workers before/after making job or worksite changes
- Tracking recommendations
- Best practice research
- Complying with OSHA/state standards



# Emergency Preparedness Basics



# Emergency Operations



# Key Takeaways

- Workplace violence prevention is more than a written policy, it is the action steps that serve as a foundational guide for educating staff and acting quickly in an emergent situation.
- The way your organization addresses workplace violence AFTER an event (debriefing, counseling, performance improvement action plan) is just as important as how your organization responds DURING the event.
- Workplace violence prevention policies must be communicated to patients and families in a way that is non-threatening, clear, concise, and at an appropriate reading level.
- Leadership is partnership. At the heart of all good policies, procedures and programs is good two-way communication. Find what's missing by including all perspectives.



> Questions?

## Asked and Answered

- **Q:** Do you have any threat analysis tools to evaluate potential threats of violence?
- **Q:** Should I create a task force or workgroup to make the policies?
- **Q:** How do we partner with law enforcement when they are short staffed and have conflicting priorities?
- **Q:** What would be a barrier to instituting a violence prevention program?

# Featured Resource: Workplace Violence Prevention Change Path

**Telligen QI Connect™** | HQIC  
Partnering to improve health outcomes through relationships and data | Hospital Quality Improvement Contractors  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
QUALITY IMPROVEMENT & INNOVATION GROUP

## Workplace Violence Prevention

Background information on the event and why it's important. Link the recording, etc.

**Now, it is time to act!**

**Why Now?**

According to OSHA (2016)<sup>1</sup>, workplace violence rates among healthcare workers between 1993 and 2009 were 20% higher than that for other industries. The COVID-19 pandemic has increased the factors leading to workplace violence, such as staffing shortages leading to a decrease in the amount of staffed (available) beds, a high workload causing stressed staff, and frustrated patients and families who feel as though their needs are not being met. Hospitals can develop policies and procedures to mitigate the risk of workplace violence.

**Review the Data**



Statistic	Percentage
of registered nurses are victims of bullying, incivility, or other acts of workplace violence	41%
of nurses have witnessed workplace violence	27%
of nurses say their organization addressed the issue of violence very well	10%
of nurses say their organization didn't address the issue of violence well	63%

Source: AMN Healthcare  
<https://whattobecome.com/blog/workplace-violence-statistics/>

- Healthcare workers suffer 50% of all assaults<sup>1</sup>.
- Workplace violence affects<sup>2</sup>:
  - Employees

This material was prepared by Telligen, a Hospital Quality Improvement Contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. This material is for informational purposes only and does not constitute medical advice. It is intended to serve as a resource for professional medical advice. (September 2020)

- *Coming soon!*
- Data
- Quality Improvement Tools
- Example Interventions
- Additional Resources

# Additional Resources

1. Workplace Violence Guidance Document - Hospitals (CMS Center for Clinical Standards and Quality, Nov. 2022)  
<https://www.hhs.gov/guidance/document/workplace-violence-hospitals>
2. The Joint Commission Standards: [https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/wpvp-r3\\_20210618.pdf](https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/wpvp-r3_20210618.pdf)
3. Sentinel Event Alert Issue 59 <https://www.jointcommission.org/resources/patient-safety-topics/sentinel-event/sentinel-event-alert-newsletters/sentinel-event-alert-59-physical-and-verbal-violence-against-health-care-workers/>
4. Starting on page six of this document, there's a long list of workforce violence and prevention resources:  
[https://www.ahrq.gov/sites/default/files/wysiwyg/sops/surveys/hospital/workplace-safety/workplace\\_safety\\_resource\\_list.pdf](https://www.ahrq.gov/sites/default/files/wysiwyg/sops/surveys/hospital/workplace-safety/workplace_safety_resource_list.pdf)
5. De-escalation in health care: <https://www.jointcommission.org/-/media/tjc/documents/newsletters/qs-47-deescalation-1-28-18-rev.pdf>
6. Workplace Violence Policy Development Webinar (recorded on Nov. 16, 2023)  
<https://hgic-library.ipro.org/2023/11/27/workplace-violence-policy-development-qa-panel-event/>

# Upcoming Workplace Violence Prevention LAN Event Series

## Uncovering Unconscious Bias for Safer Healthcare Interactions

- Tuesday, March 26 from 2-2:45 p.m. ET
- [Registration Link](#)

## A Hospital's Journey

- Thursday, April 25 from 1-1:45 p.m. ET





# Contact Us



## Alliant HQIC Team

**Karen Holtz,**  
**MT (ASCP), MS, CPHQ**  
Alliant Health Solutions  
[Karen.holtz@allianthealth.org](mailto:Karen.holtz@allianthealth.org)

[View our Website](#)



## Compass HQIC Team

**Charisse Coulombe, MS,**  
**MBA, CPHQ, CPPS**  
Director, Hospital Quality  
Initiatives  
[coulombec@ihconline.org](mailto:coulombec@ihconline.org)

**Melissa Perry, MSW, LCSW**  
[perrym@ihconline.org](mailto:perrym@ihconline.org)

[View our Website](#)



- Healthcentric Advisors ■ Qlarant
- Kentucky Hospital Association
- Q3 Health Innovation Partners
- Superior Health Quality Alliance

## IPRO HQIC Team

**Rebecca Van Vorst, MSPH,**  
**CPHQ**  
HQIC Project Manager  
[RVanVorst@ipro.org](mailto:RVanVorst@ipro.org)

**Lynda Martin, MPA, BSN,**  
**RN, CPHQ**  
[martinl@qlarant.com](mailto:martinl@qlarant.com)

[View our Website](#)



## Telligen HQIC Team

**Rachel Megquier, BSN, RN**  
HQIC Education Lead  
[rmegquier@telligen.com](mailto:rmegquier@telligen.com)

[View our Website](#)



This material was prepared by Telligen, a Hospital Quality Improvement Contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. This material is for informational purposes only and does not constitute medical advice; it is not intended to be a substitute for professional medical advice, diagnosis or treatment. HQIC-02/20/24-0210