



**Hospital Quality Institute®**  
*Leadership in quality and patient safety*

# **Community of Practice (CoP) on Eliminating Hospital Workplace Violence**

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**Virtual Forum #1  
February 22, 2024**

# Housekeeping

- Raise your hand if you'd like to ask a question or make a comment.
- Use “Chat” to interact as needed.
- Slides are available from Chat & website.

# Hosts and Speaker

HQI



Robert Imhoff  
President



Kamali Jones  
Patient Safety & Reliability  
Clinical Advisor



Boris Kalanj  
Director of Programs

**Guest Speaker**



Lynda Enos, RN, MS, COHN-S,  
CPE  
Certified Professional Ergonomist  
Ergonomics/Human Factors  
Consultant  
HumanFit, LLC

# About HQI

- 501 C 3 Non-Profit Organization
- Part of California Hospital Association
- Independent Board of Directors
- 485 members
- 21 states

# What We Do

## **Collaborative Healthcare Patient Safety Organization (CHPSO)**

- Safety Reports
- Safe Tables / Webinars
- Member Research

## **Signal Detection**

## **HQI Cares**

## **Hospital Quality Improvement Platform**

## **Annual Conference**

## **Workplace Violence**

# What does Workplace Violence have to do With Patient Safety?

*“Workplace safety is inextricably linked to patient safety. Unless caregivers are given the protection, respect and support they need, they are more likely to make errors, fail to follow safe practices and not work well in teams.”*

*Lucian Leape Institute*

# Today's Objectives

- Introduce participants
- Review key issues in preventing and managing hospital workplace violence
- Obtain participant input on critical topics

# Who is Attending?

## Poll:

- Which of the following best describes your area of work?



# Guest Speaker



Lynda Enos, RN, MS, COHN-S, CPE  
Certified Professional Ergonomist  
Ergonomics/Human Factors Consultant  
HumanFit, LLC

# Preventing & Controlling Violence in Health Care: What Do We Know So Far?

Community of Practice on Hospital Workplace  
Violence

California Hospital Association

February 22, 2024

Presented by

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HumanFit, LLC.,

Email: [HumanFit@aol.com](mailto:HumanFit@aol.com)

*Author of the 'Stop Violence in Health Care' Toolkit*

REGON WORKPLACE SAFETY INITIATIVE

## Stop Violence in Health Care

Workplace  
Violence in Hospitals:

A Toolkit for Prevention  
and Management

2nd Edition, 2020

In collaboration with  
Washington State Hospital Association



# Disclosure

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- **I have no financial interests or relationship to disclose in relation to this program/presentation.**
- **Equipment or product brand names, manufacturers or vendors seen in this presentation do not constitute endorsement of the device, equipment, product or service by HumanFit. LLC. Photographs are stock images.**



# Background

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- Handouts – PPT slides; Index to Oregon WPV prevention Toolkit; WPV references and resources updated Jan 2024
- Definition of Workplace Violence (WPV)
- Cost to health care organizations, employees and patients
- WPV Legislation





# WPV in Health Care & the Relationship to Workplace Culture

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# Barriers to Implementing Effective WPV Programs (or any Safety program) - Organizational Culture

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- Leadership style
- Patient safety focus vs. worker safety
- Competing demands - reimbursement, regulatory, resources
- Lack of systems approach to services provided (silos) & to worker safety programs
- Problem solving approach = blame the worker (human error)

# Barriers to Implementing Effective WPV Programs (or any Safety program) - Organizational Culture

- Underestimate true cost of worker injuries and relationship to patient safety and delivery of care
- Facilities unaware of full scope of WPV and relationship to other programs
- Staff turnover





# Barriers to Implementing Effective WPV Programs - Organizational Culture

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## Barriers to reporting WPV:

- The severity of the incident (did staff get injured)
- The condition of the patient/perception of what is 'violence' by workers
- Whether someone else reported the incident
- No clear policy
- Complicated reporting process
- Fear of retaliation
- Poor management response
- Personal barriers – stigma by coworkers, normalizing
- Response by law enforcement & legal system



## Overall

Is exposure to violence/getting hurt at work just part of the job for health care workers?



# Barriers to Implementing Effective WPV Programs - General

- Inconsistent definition of WPV
- Lack of long-term systematic studies about what makes an effective WPV *program*
- ? Effectiveness of interventions (security equipment, training, policies & procedures etc.)
- Need for standardized validated & user-friendly patient risk for WPV tools
- Weak social service and law enforcement approaches to mentally ill patients
- Need for expert in safety/security to conduct walkthrough assessments



# The Relationship Between Type II & Type III Violence

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- Increase prevalence of Type II and Type III violence where there is a poor organizational climate of safety
- New and early-stage research indicates a greater occurrence of patient physical aggression to injury in behavioral health facilities where coworker bullying is prevalent and tolerated as part of the work culture
- Health care workers who are exposed to Type II and Type III violence suffer long-term negative health in organizations where there is lack of post exposure support



# Creating a Culture of Worker & Patient Safety: The Precondition for Successful Safety Programs

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# Creating a Culture of Safety in Health Care

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**“Workforce safety is inextricably linked to patient safety. Unless caregivers are given the protection, respect, and support they need, they are more likely to make errors, fail to follow safe practices and not work well in teams.”**

**Through the Eyes of the Workforce: Creating Joy, Meaning, and Safer Health Care.  
The Lucian Leape Institute at the National Patient Safety Foundation Feb 2013  
<http://www.ihi.org/Topics/Joy-In-Work/Pages/default.aspx>**

# Health Care Worker Safety = Patient Safety



## Safer Together: A National Action Plan to Advance Patient Safety (IHI, 2020)

4 foundational and interdependent areas prioritized as essential to create total systems safety

1. Culture, Leadership, and Governance

2. Patient and Family Engagement

3. Workforce Safety:

- Ensuring the safety and resiliency of the organization and the workforce is a necessary precondition to advancing patient safety; we need to work toward a unified, total systems-based perspective and approach to eliminate harm to both patients and the workforce

4. Learning System



# Health Care Worker Safety = Patient Safety

- IHI Framework for Improving Joy in Work. IHI White Paper, 2017 <http://www.ihi.org/Topics/Joy-In-Work/Pages/default.aspx>
- NIOSH - *Total Worker Health*® Program <https://www.cdc.gov/niosh/twh/default.html>
- National Academy of Medicine. National Plan for Health Workforce Well-Being, 2022 <http://nap.nationalacademies.org/26744>
- WHO - Global Patient Safety Action Plan 2021-2030 and Health worker safety: a priority for patient safety <https://www.who.int/>

## Resources for Health Care Worker Well-Being: 6 Essential Elements



Source: [www.nam.edu](http://www.nam.edu)

# Components of Effective, Sustainable WPV Programs in Health Care & the Role of Leadership

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**Prevent**



**Respond**



**Care & Support**



**Learn**

# Components of Effective & Sustainable WPV Programs in Health Care *(We Think!)*

# Program Foundation and Management

## A. Management Commitment & Leadership

## B. Employee Participation

### C. Written Policies *Zero-Tolerance Policy*

## D. Program Management

- **Program Champion**
- **Program Manager/Coordinator**
- **WPV Committee/Team**
- **Program Plan**

## E. Communications/Social Marketing





# Management Commitment & Leadership

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## Facility Culture and Accountability

- Senior leaders in your organization:
  - Have knowledge about WPV and their role and responsibilities within the WPV program
  - Declare violence prevention a priority
  - Communicate and demonstrate to employees that worker safety and security are as important as patient safety
  - Aligns WPV efforts with quality and safety plans
  - Assign responsibility and accountability for the implementation and maintenance of the program



# Management Commitment & Leadership

## Facility Culture and Accountability

- Ensure that a comprehensive workplace WPV policy is developed, communicated, implemented, and evaluated
- Ongoing resources (e.g., time, materials, funding) are provided for:
  - Identifying and mitigating hazards and risks
  - A facility champion & project coordinator
  - WPV committee
  - Effective worker training
  - On-going evaluation and maintenance of the program
  - Proactive facilities design



# Management Commitment & Leadership

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## Facility leaders set clear safety goals and expectations

- Employees are aware that violence is not an accepted part of their job
- Patients/visitors are made aware that violence will not be accepted
- Roles and responsibilities of all employees within the WPV program are clearly communicated
- Expectations and leadership support for a 'blame free' reporting of all incidents of WPV are clearly communicated and a user-friendly process for reporting is provided
- Employees are informed of what actions are being taken after events to prevent future violence
- Front line caregivers are engaged in devising the solutions to a safer workplace and their efforts are recognized

# Employee Participation

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Management support *ongoing* employee engagement and employees actively participate in:

- The safety/violence prevention planning process
- Identifying safety/violence related hazards
- Reporting an injury, hazard, or concern, including near misses
- Identifying safety solutions, WPV safety equipment and processes
- WPV/safety audits & walkthroughs
- Participating in the WPV committee



# Employee Participation

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Management support ongoing employee engagement and employees actively participate in:

- Education and training
- Safety champion/coaching programs
- ‘Safety’ huddles for training, feedback and kudos
- Executive/management rounding
- Security/physical safety considerations in new building or remodeling projects
- Evaluating and updating the program





# Components of Effective & Sustainable WPV Programs in Health Care *(We Think!)*

## F. Hazard Identification/Assessment

- Worker Injury/Incident Data Analysis
- Worker/Patient Surveys
- Gap Analysis
- Safety & Security Assessment of the Physical Work Environment

The image shows a Risk Assessment matrix with 'Severity' on the vertical axis and 'Probability' on the horizontal axis. The matrix is divided into four risk levels: Critical (red), High (orange), Medium (yellow), and Minimal (blue). The cells are labeled with the corresponding risk level.

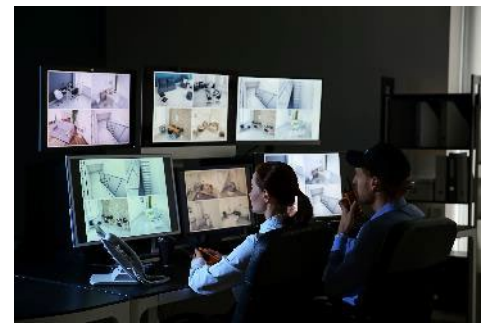
Severity \ Probability	Disaster	High	Medium	Minimal
Critical	Critical	Critical	High	Medium
Regularly	Critical	High	Medium	Medium
Probable	Critical	High	Medium	Low
Occasional	Critical	High	Medium	Low
Rarely	High	Medium	Medium	Low

## G. Hazard Prevention & Control to Address Risk Factors for WPV:

- Patient Related
- Social and Economic
- Organizational
- Environmental

# Components of Effective & Sustainable WPV Programs

## Hazard Prevention & Control



### *Engineering Controls (Not all inclusive) e.g.,*

- Improving visibility e.g., the use of
  - Closed-circuit video surveillance systems
  - Adequate lighting *In/outside buildings*
  - Treatment spaces and offices with windows
- Securing furniture or using weighted furniture to reduce risk of being used as a weapon
- Safe Assessment Rooms (SARs)
- Controlled access to buildings
- Security/silenced alarm systems
- Barrier protection to work areas
- Exit routes including safe rooms for emergencies
- Noise barriers
- Metal detector systems
- Design of patient areas for de-escalation; comfort to reduce stress
- Travel vehicles are properly maintained; barriers are present

# Components of Effective & Sustainable WPV Programs

## Hazard Prevention & Control

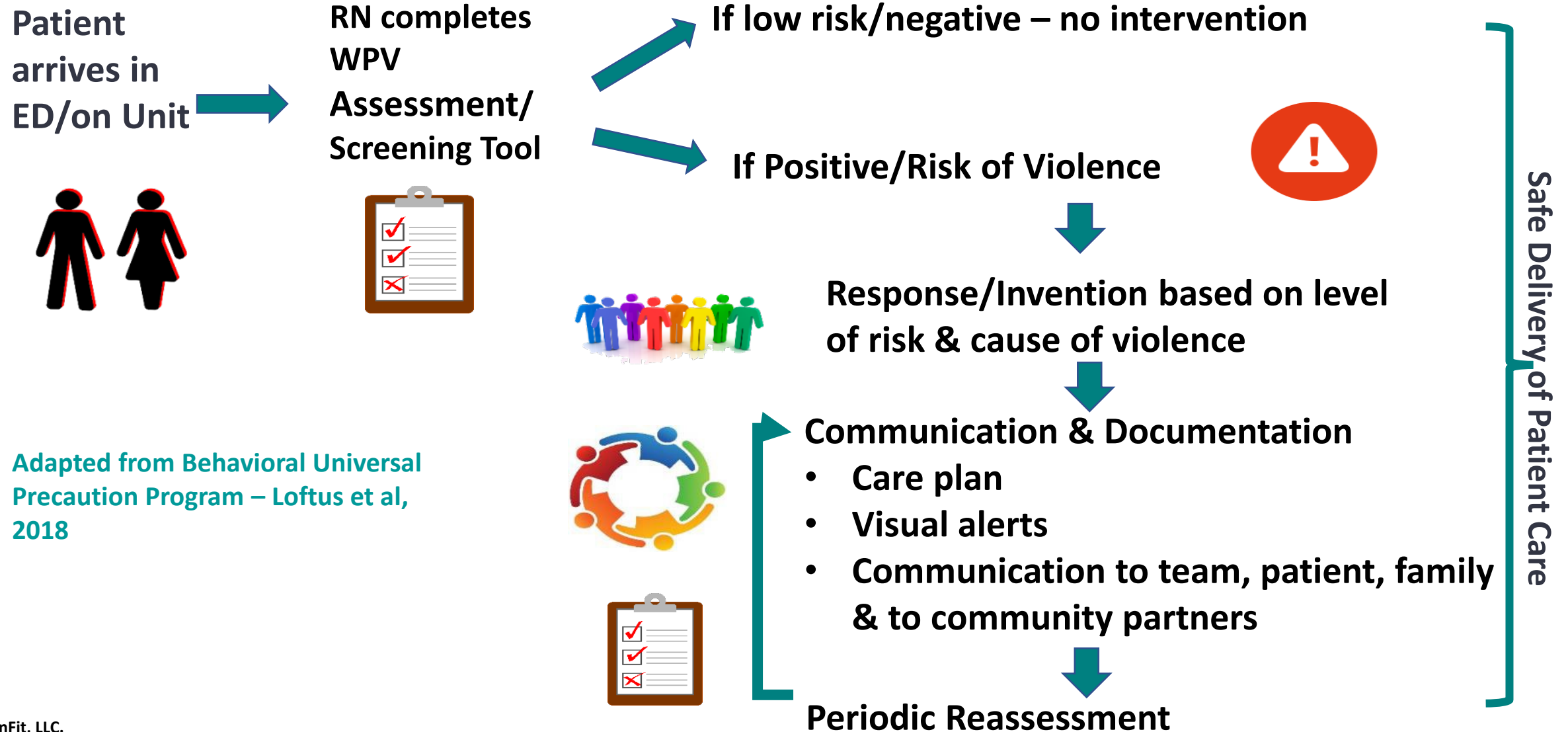
Type of Behavior exhibited by:	Patient Others	Document/describe behavior Specify Other (e.g. parent, spouse, etc.)
Known risk factors (i.e. wait times, pain level, fear)	List factors	
Behavior	Level of Risk	Intervention
No Observed Behavior	LOW	No intervention required
History of violence or Uncooperative or Verbal abuse	Moderate (Intervention required)	List Intervention or refer to policies and procedures
If YES to any 1 of the behaviors in orange shaded area or if there are 2 or more in the non-shaded area	HIGH (Preventative Measures Required)	List Measures or refer to policies and procedures

### *Administrative and Work Practice Controls (not all inclusive)*

- Incident Reporting
- Identifying and Tracking Patients/Visitors at High Risk for Violence e.g., Use of validated risk assessment tools to identify and communicate the risk of patient violence
- Response protocols based on level of threat & root cause of violence
- Incident Response e.g., use of Behavioral health rapid response teams (BHRRTs)
- Post Incident Procedures & Support
- Incident Investigation
- Work planning, staffing & scheduling
- Safety protocols for Employees Working Alone or in Higher Risk Situations
- Entry Procedures
- Transportation Procedures
- Security Personnel & Rounding
- Mock drills
- Managing patient communications and expectations



# Identifying and Tracking Patients/Visitors at Risk for Violence – Process Summary



# Components of Effective & Sustainable WPV Programs in Health Care (*We Think!*)

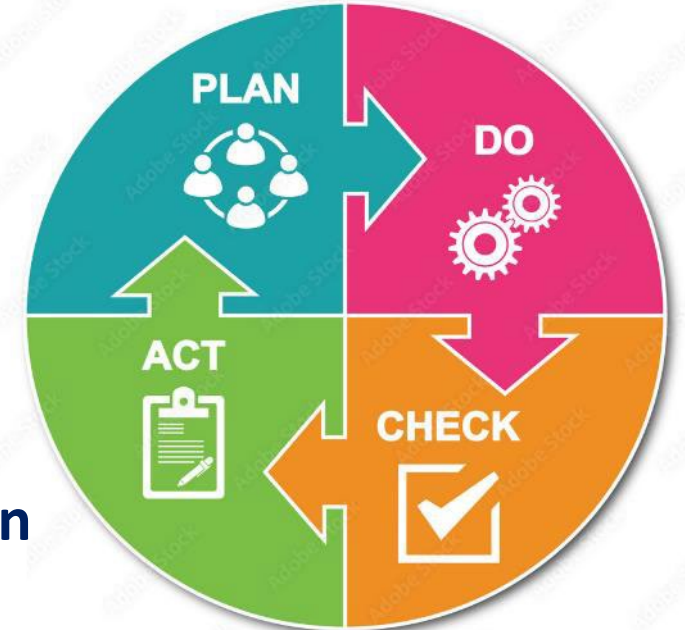
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## H. Education & Training

- Have a plan (*sample in WPV Toolkit*)
- Tailored to staff groups/disciplines & stratified risk levels related to work roles within the organization
- Have clearly defined goals with measurable outcomes
- Measure effectiveness of training (can and do staff use skills taught)

## I. Ongoing Program Evaluation & Proactive Hazard Prevention

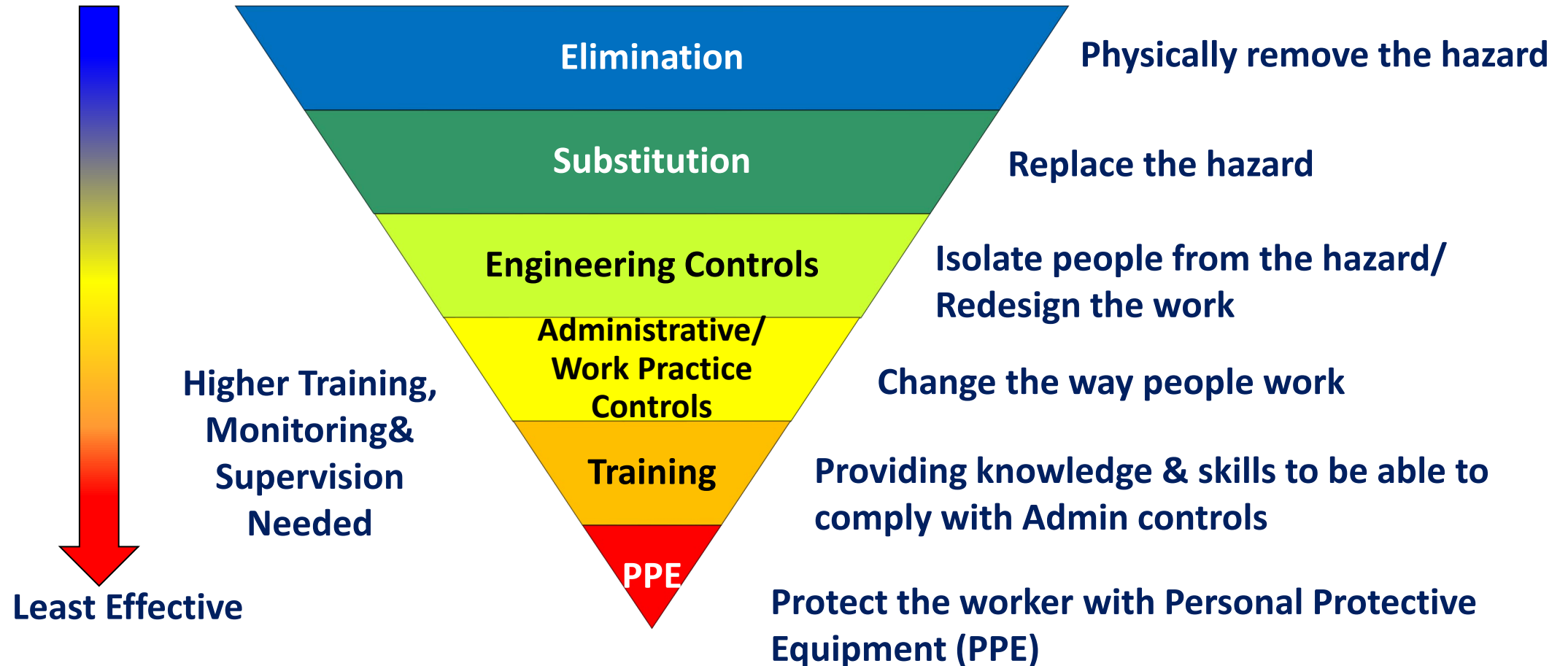
## J. Processes to improve the patient or client experience



***Multifaceted programs are more effective than any single intervention***

# Hierarchy of Controls to Reduce Risk of WPV in Health Care

Most Effective & Sustainable



# Effective WPV Programs: Outcomes - Selected

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## Limited outcome data overall

- Evidence based interventions listed in the Oregon Toolkit for Prevention and Management of WPV 2020 (Section 5) [www.oahhs.org/safety](http://www.oahhs.org/safety) and Handout Resources provided
- The VA WPV Program  
<https://www.jointcommission.org/resources/patient-safety-topics/workplace-violence-prevention/us-department-of-veterans-affairs/>
- Case studies listed in the Oregon Toolkit and on the Joint Commission WPV webpages

# Effective WPV Programs: Outcomes - Selected

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- Interventions to prevent aggression against doctors: a systematic review. (2019). Raveel, A., & Schoenmakers, B. *BMJ open*, 9(9), e028465. <https://bmjopen.bmj.com/content/9/9/e028465>
- Intervention types and their effects on workplace bullying among nurses: A systematic review, (2022). Jang, S. J., Son, Y. J., & Lee, H. *Journal of Nursing Management*.
- Interventions for workplace violence prevention in emergency departments: a systematic review. (2021). Wirth, T., Peters, C., Nienhaus, A., & Schablon, A. *International journal of environmental research and public health*, 18(16), 8459.
- Prevention and management of occupational violence and aggression in healthcare: A scoping review (2018). Morphet, J., Griffiths, D., Beattie, J., Reyes, D. V., & Innes, K. *Collegian*, 25(6), 621-632. <https://www.sciencedirect.com/science/article/abs/pii/S1322769617302901>
- Preventing patient-to-worker violence in hospitals: outcome of a randomized controlled intervention (2017). Arnetz JE, Hamblin L, Russell J, Upfal MJ, Luborsky M, Janisse J, Essenmacher L. *JOEM* 59(1), 18-27. <https://stacks.cdc.gov/view/cdc/43702>
- Preventing Violence against Healthcare Workers in Hospital Settings: A Systematic Review of Nonpharmacological Interventions (2023). Munday, N., Terry, V., Gow, J., Duff, J., & Ralph, N. (2023). *Journal of Nursing Management*. <https://www.hindawi.com/journals/jonm/2023/3239640/>

# Tips for Success (*For Any Program!*)

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- Have a plan, set measurable goals and evaluate them often
- Use economic modeling to show program return on investment
- Start small, test pilot and demonstrate successes
- Choose evidence-based interventions and use existing resources.....*don't reinvent the wheel*
- Don't forget to involve all stakeholders including patients & families
- Plan for program sustainability & to using proactive measures
- Maintain management support and employee engagement
- Market & communicate the program and your successes
- **Treat patient and employee safety with equal emphasis**







# Thank You

From Boring, Oregon



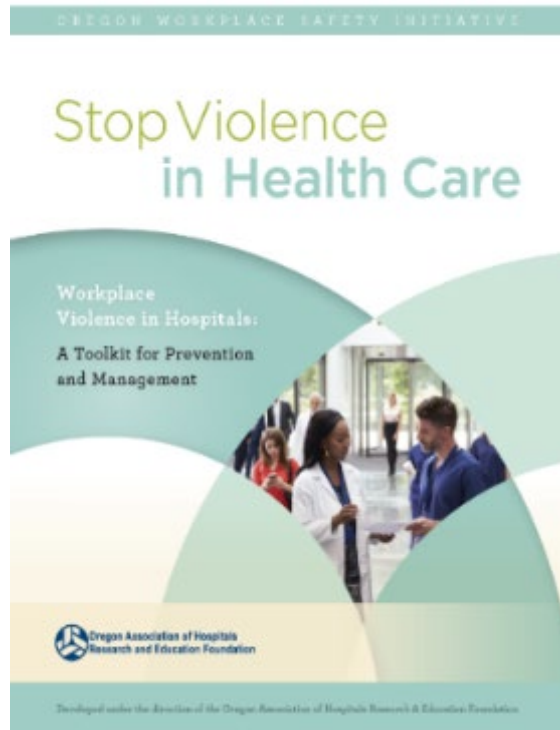
# WPV in Health Care Resources





# Resources – WPV (*Selected*)

*Refer to Handout for more*



- A Toolkit for Prevention and Management of WPV *2<sup>nd</sup> edition (2020)*
- Available at: [www.oahhs.org/safety](http://www.oahhs.org/safety) free of charge for non-commercial use
- Multiple tools & resources (*Refer to handout*)  
- *Includes links to OSHA & NIOSH Resources*
- New Toolkit WPV Supplemental References and Resources through Nov 2022 (Provided)

Endorsed by Numerous State Nursing and Physician Professional Associations and Unions

Recommended Resource by the Joint Commission

# Resources – WPV (*Selected*)

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- **CALOSHA**  
**Workplace Violence Prevention**  
<https://www.dir.ca.gov/dosh/Workplace-Violence.html>
- **California Hospital Association**
  - **CHA NEWS 12 JUN 2023 Hospital Quality Institute - Workplace Violence in Hospitals Issues, Trends, Prevention, and Response White Paper**  
<https://calhospital.org/hospital-quality-institute-releases-white-paper-on-workplace-violence/>
  - **TOOLKIT / GUIDEBOOK Healthcare Workplace Violence Prevention. How to Comply with the Cal/OSHA Regulation**  
<https://calhospital.org/publications/healthcare-workplace-violence-prevention/>

# Resources – WPV (*Selected*)

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- **The Joint Commission Compendium of WPV Resources**

<https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/workplace-violence-prevention/compendium.pdf>

- **Quick Safety Issue 63: Addressing intimate partner violence and helping to protect patients**

<https://www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety-issue-63/>

- **Bullying in the Health Care Workplace**

<https://www.ama-assn.org/practice-management/physician-health/bullying-health-care-workplace-guide-prevention-mitigation>

# Resources – WPV (*Selected*)

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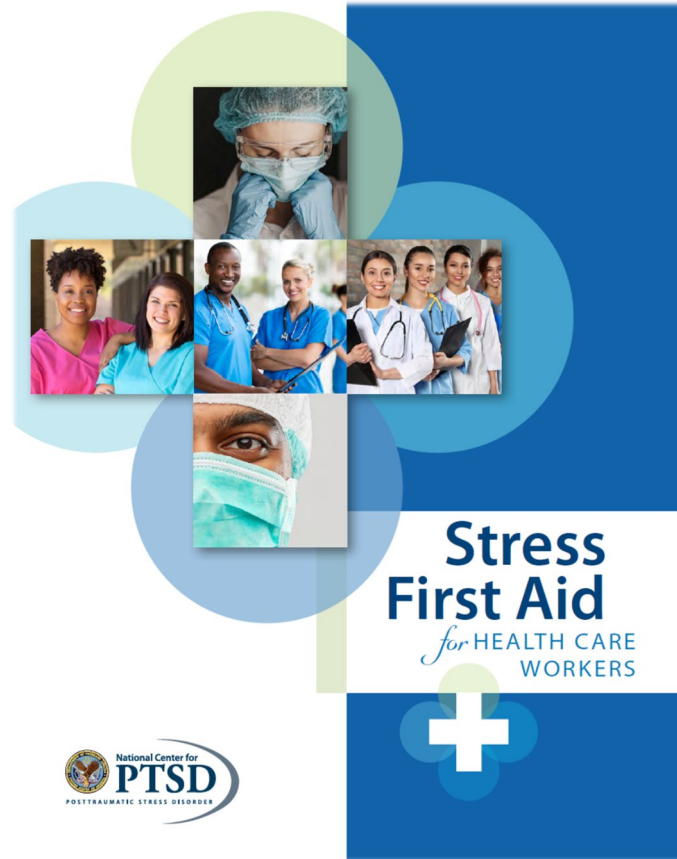
- **Public Services Health and Safety Association (PSHSA).** Toronto, Ontario, Canada.  
<https://www.pshsa.ca/workplace-violence/>
- **Safe Care BC Violence Risk Assessment** – home care and community; long term care; nonclinical area  
<https://www.safecarebc.ca/initiatives/violenceprevention/violence-risk-assessment/>
- **Working with Dementia: Safe Work Practices for Caregivers** – video training  
<https://www.worksafebc.com/en/health-safety/industries/health-care-social-services/topics/working-with-people-with-dementia>
- **Preventing violence against health workers** – the World Health Organization  
<https://www.who.int/activities/preventing-violence-against-health-workers>

# Resources – WPV (*Selected*)

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- Free Online Training - Workplace Violence Prevention for Nurses (and any HC Worker) CDC/NIOSH. CDC Course No. WB1865 - NIOSH Pub. No. 2013-155  
[http://www.cdc.gov/niosh/topics/violence/training\\_nurses.html](http://www.cdc.gov/niosh/topics/violence/training_nurses.html)
- OSHA: Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers <https://www.osha.gov/Publications/osha3148.pdf>
- OSHA: Worker Safety in Hospitals <https://www.osha.gov/hospitals>

# Resources - WPV



- Stress First Aid for Health Care Workers (2020). Watson, P., & Westphal, R.J. National Center for PTSD. [www.ptsd.va.gov](http://www.ptsd.va.gov)
- Resource Toolkit for the Clinician Well-Being Knowledge Hub, 2022 <https://nam.edu/resource-toolkit-clinician-well-being-knowledge-hub/>
- Conversation and action guide to support staff well-being and joy in work during and after the COVID-19 pandemic. 2020 [www.IHI.org](http://www.IHI.org)



## Your Psychological PPE

to Promote Mental Health and Well-Being



These recommendations are based on a review of published literature and the experience of health systems. For more information visit [ihim.org](http://www.ihim.org)

### Individual



Take a day off and create space between work and home life



Avoid publicity and media coverage about COVID-19



Receive mental health support during and after the crisis



Facilitate opportunities to show gratitude



Reframe negative experiences as positive and reclaim agency

### Team Leader



Limit staff time on site/shift



Design clear roles and leadership



Train managers to be aware of key risk factors and monitor for any signs of distress



Make peer support services available to staff



Pair workers together to serve as peer support in a "buddy system"

## Resources - WPV

### “Psychological PPE”: Promote Health Care Workforce Mental Health and Well-Being

<https://www.ihl.org/Topics/Joy-In Work/Pages/default.aspx>

### Psychology of Change Framework, IHI , 2018

<http://www.ihl.org/resources/Pages/IHIWhitePapers/IHI-Psychology-of-Change-Framework.aspx>

### Institute for Healthcare Improvement IHI/NPSF: Leading a Culture of Safety: A Blueprint for Success

<http://www.ihl.org/resources/Pages/Publications/Leading-a-Culture-of-Safety-A-Blueprint-for-Success.aspx>

### Registered Nurses Association of Ontario (RNAO) leading change toolkit

<https://rnao.ca/news/now-available-leading-change-toolkit>

# Resources - WPV



Chat online at:  
**online.rainn.org**

- **The National Suicide Prevention Lifeline**
  - Call 1-800-273-TALK (1-800-273-8255)
  - Use the online Lifeline Crisis Chat  
<https://suicidepreventionlifeline.org/chat/>
  - Text HOME to 741741 to reach a trained 24/7 crisis counselor or call 9-1-1.
- **RAINN (Rape, Abuse & Incest National Network)**
  - National Sexual Assault Hotline: Confidential 24/7 Support  
Call 1- 800-656-4673

# Resources - WPV

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- **Substance Abuse and Mental Health Services Administration(SAMHSA)**
  - SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach  
[https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA\\_Trauma.pdf](https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf)
- **US Office for Victims of Crime**
  - To find local resources <https://ovc.ncjrs.gov/findvictimservices/default.html>
  - The Vicarious Trauma Kit <https://ovc.ojp.gov/program/vtt/introduction>
- **Advent Health University**
  - Vicarious Trauma: Information, Prevention, and Resources  
<https://www.ahu.edu/blog/what-is-vicarious-trauma>

# Q & A / Discussion



# Coming Up

## **March 13: Virtual Forum**

*Leadership Commitment & Programmatic Setup*



# Forum Evaluation

Survey Link is available:

- In Chat
- On the program web page for the 2/22 Forum
- Via e-mail after the meeting

# Adjourn

## Thank you!