



Community of Practice (CoP) on Eliminating Hospital Workplace Violence

Virtual Forum #9

October 24, 2024 (Noon – 1 PM)

TOPIC:

Insights on Hospital Workplace Violence from Statewide and Other Large-Scale Data

Guest Speaker:

Rachel Odes, PhD, RN

Assistant Professor

University of Wisconsin–Madison School of Nursing

Housekeeping

- Everyone is muted by default
- To ask a question or make a comment, you can:
 - Raise your hand
 - Unmute yourself
 - Use Chat
- Slides are available from Chat & website.

Your HQI Team



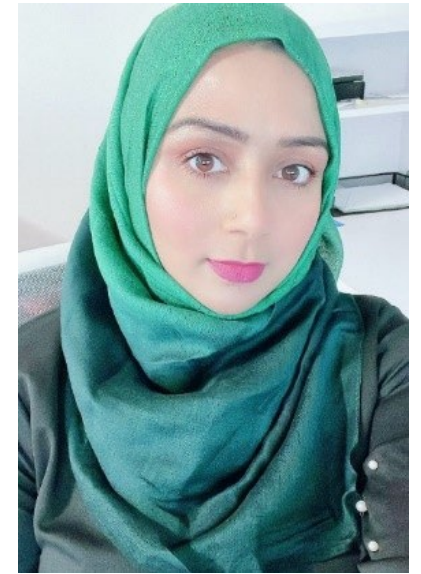
Robert Imhoff
President



Kamali Jones
Patient Safety & Reliability
Clinical Advisor



Boris Kalanj
Director of Programs



Asma Ahmad
Data Systems Support
Coordinator

Upcoming Virtual Forums (Noon – 1 PM, PST)

- **Nov 21** Innovative Tools and Practices for Workplace Violence Prevention (K-9 program; body-worn cameras)
- **Dec 12** Workplace Violence Concerns and Interventions Specific to Rural & Critical Access Hospitals

WPV Website

MONTHLY VIRTUAL FORUMS (January – December 2024)

These are interactive, hour-long sessions designed for peer-to-peer learning and exchange. Each forum features a brief overview of a topic relevant to workplace violence followed up by a group discussion.

Upcoming Forums



Past Forums



ONLINE RESOURCES FOR HOSPITALS

This section contains select publicly-available resources on prevention/management of workplace violence in hospitals, as well as materials developed and shared by organizations participating in the Community of Practice.

Select Publicly Available Resources on Hospital Workplace Violence



Peer-Sharing



Today: Insights on Hospital Workplace Violence from Statewide and Other Large-Scale Data

Objective:

Understand what statewide data from Cal/OSHA and the Division of Workers' Compensation reveal about workplace violence towards hospital workers.

Speaker:

Rachel Odes, PhD, RN
Assistant Professor
University of Wisconsin-Madison
School of Nursing





Insights on Hospital Workplace Violence from Statewide and Other Large-Scale Data

Rachel Odes, PhD RN

Assistant Professor

Email: odes@wisc.edu

<https://nursing.wisc.edu/staff/odes-phd-rn-rachel/>

University of Wisconsin-Madison, School of Nursing

Starting from the bedside

- Clinical experience
- John George Psychiatric Hospital (Alameda Health System)
- Policy experience: contract negotiation, state-level policy, Joint Commission consultation





Outline

- California Occupational Safety and Health Administration (Cal/OSHA) data
- Qualitative and mixed-methods data
- Preliminary workers' compensation data findings
- Summary and takeaways
- Questions



Cal/OSHA Workplace violence standard

- CCR Title 8, Section 3342 / Senate Bill 1299
- **For ALL healthcare facilities:**
- Workplace Violence Prevention Plan
- Incident log
- Staff training



[Cal/OSHA](#) | [Workplace Violence Prevention in Healthcare](#) | [Incident Reporting for Hospitals](#)

Workplace Violent Incident Reporting System for Hospitals

- **General Acute Care and Psychiatric Hospitals:**
- Use Workplace Violent Incident Reporting System for Hospitals



Workplace Violent Incident Reporting System for Hospitals: data collected

- Aggressor category
- Location of incident
- Type of incident: e.g. punching, choking, gun, knife, etc.
- Number of employees injured
- Injuries sustained
- Law enforcement involved
- Is there a continued threat? Any planned interventions/modifications
- Others

Cal/OSHA annual reports from this system:

https://www.dir.ca.gov/dosh/WPVIH_Annual_Reports.html



Cal/OSHA Workplace violence reporting system

- Two main outcomes of interest: physical injury and police involvement
- Predictors of interest: hospital location, type of ownership, hospital size
- Methods: logistic models with generalized estimating equations (clustering by hospital)



Received: 15 October 2019 | Revised: 15 January 2020 | Accepted: 27 February 2020

DOI: 10.1002/ajim.23103

RESEARCH ARTICLE

AMERICAN JOURNAL
OF
INDUSTRIAL MEDICINE WILEY

Factors associated with physical injury or police involvement during incidents of workplace violence in hospitals: Findings from the first year of California's new standard

Rachel Odes MSN, RN  | OiSaeng Hong PhD, RN  | Robert Harrison MD, MPH | Susan Chapman PhD, RN



Cal/OSHA Workplace violence reporting system

- Key findings, based on the first 3 years of reporting (N=27,968)
 - Incidents reported on behavioral health units had **1.8 times the odds of physical injury** when compared to those reported on inpatient units
 - Investor-owned facilities had **2.4 times the odds of physical injury** when compared to city/county-owned facilities
 - Inpatient/behavioral health units had from **half to one-fifth the odds of police involvement** when compared to all other types of units



Implications and interpretation

- Confirming higher proportion of reported incidents involve physical injury in behavioral health units
- How to understand for-profit vs. non-profit difference?
 - Assumption: this is not a true difference, more likely due to reporting
 - Are investor-owned facilities concerned about public perception of workplace violence?
 - No clear answer from this data set
- Police involvement differences
 - Using in-house security for management?
 - More “part of the job” for inpatient and behavioral health?




Interpreting incident reporting data

- Implementation story: what do the new data tell us?
- Qualitative methods (curtailed by COVID)
- Interviews, observations

Article

Differences in Hospitals' Workplace Violence Incident Reporting Practices: A Mixed Methods Study

Rachel Odes, PhD RN¹ , Susan Chapman, PhD RN², Sara Ackerman, PhD MPH³, Robert Harrison, MD MPH⁴ and OiSaeng Hong, PhD RN⁵

Policy, Politics, & Nursing Practice
2022, Vol. 23(2) 98–108

© The Author(s) 2022



Article reuse guidelines:

sagepub.com/journals-permissions

DOI: 10.1177/15271544221088248

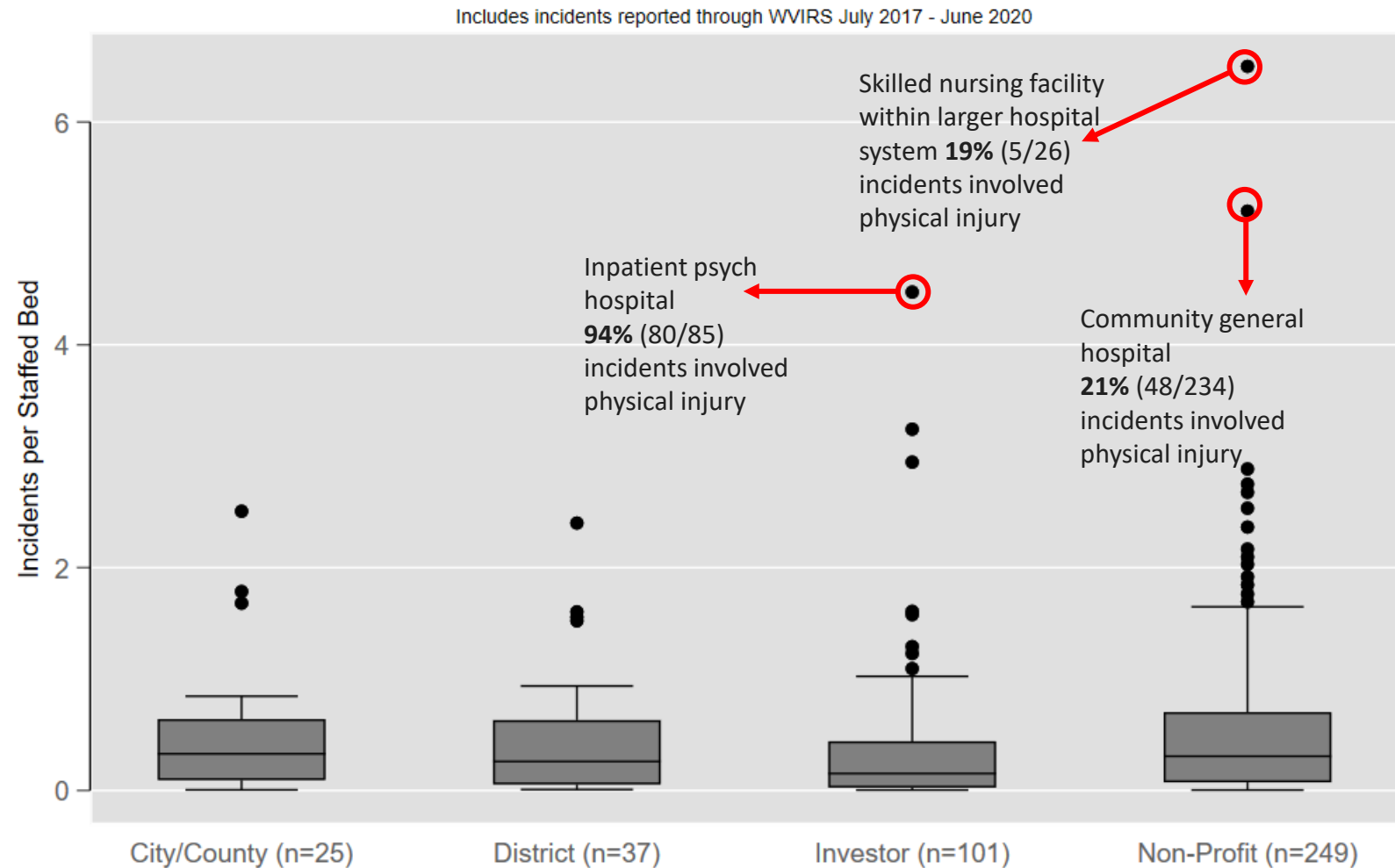
journals.sagepub.com/home/ppn





Number of incidents; proportion with injury

- N=413 reporting facilities
- Calculated incidents per staffed bed
- Outliers: some reporting lots of incidents, some only more serious incidents





What factors influence reporting?

- Variables explored with qualitative data:
 - **Leadership assigned to manage WV programs:** law enforcement background, hospital security specialist, patient care (nursing, occupational therapy, social work)
 - **Reporting process:** who enters data into the system?
 - **Training for staff:** online, in person, what units?
 - **Nurses unionized?**
- Quantitative data: Incidents per staffed bed vs. percentage of events with an injury



Mixed methods data integration

Facility ID	Leadership assigned	Reporting process	Training	Nurses unionized (yes/no)	Incidents per staffed bed	Percentage of events with injury
1	Law enforcement	Security collect data	In person; all staff	Yes	1.34*	4%*
2	Law enforcement	Staff; existing electronic system	Online; all staff	Yes	1.29	19.8*
3	Patient care	Staff; existing electronic system	Online; all staff	Yes	0.32*	27%*
4	Patient care	Staff; existing electronic system	Online; all staff	Yes	0.55*	35.5%*
5	WV consultant; security specialist	Unit manager collects data	Online; all clinical staff	Yes	0.04*	63.7%*
6	Patient care	House supervisor collects data	In person; ED and security	No	0.04	75%



Mixed methods takeaways

- There are many organizational, cultural, environmental factors that influence reporting practices
- Certain “profiles” – such as dedicated staff with security background, in person training, unionized workforce – may increase reporting, while others may decrease reporting
- Decisions impacting what is reported and how should be made intentionally, with collaboration from frontline staff
 - How are internal data going to be utilized?
 - How will results be shared with staff?
 - How will results inform practice change?



Workers' Compensation Information System

- All California employers included
- First Reports of Injury (FROI) and Subsequent Reports of Injury (SROI)
- Start to answer the question: what has changed over time?
- Policy researcher: does legislation make a difference?
- Data included: claims filed 2013-2021



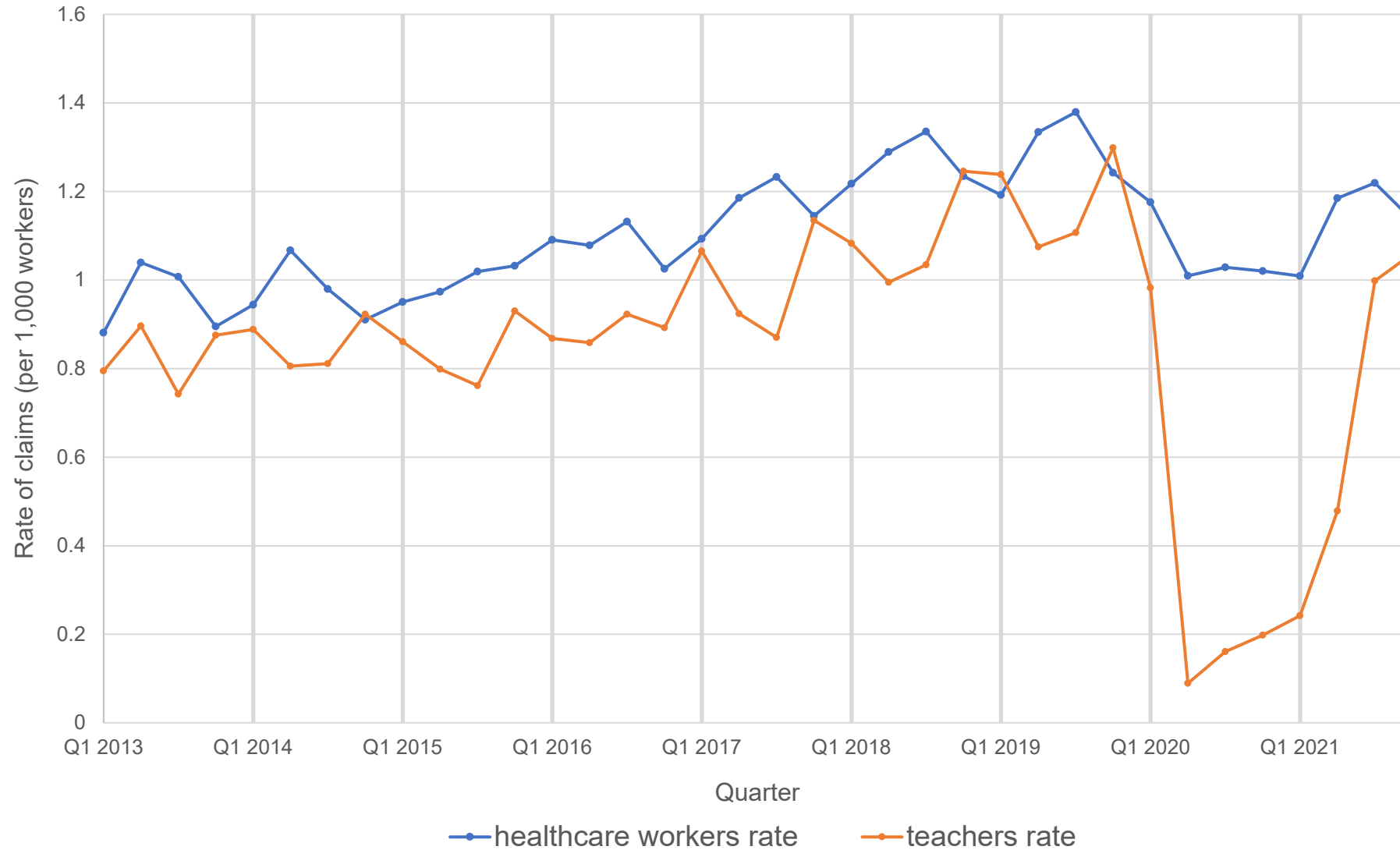


Using claims data for research

- First identify healthcare workers (teachers as control)
 - 1.02 million claims for healthcare workers
 - 489,000 claims for teachers
- Then, identify violence-related claims
 - 44,310 violence-related claims for healthcare workers
 - 30,052 violence-related claims for teachers
- Combination of codes and free-text entries
 - Introduces possibility of error
 - *Violence definition is not standardized; Bureau of Labor Statistics (intentional harm only)*



Workplace violence-related claims in California, 2013-2021





Preliminary findings

- Types of facilities with greatest proportion of claims due to violence
 - Substance use/social rehab recovery homes
 - Residential care facilities for children; developmentally disabled
 - Psychiatric hospitals
- Additional analysis: Types of workers most impacted, cost associated
- Interrupted time series analysis – full results to be available shortly!

Big data vs. Small data



shutterstock.com · 206927164



What kinds of questions do we need to answer?



Who needs to be convinced?



What interventions are being tested?



Short-term and long-term approaches



New directions: Upstream approach

- Mental health crisis interventions: community-based instead of hospital-based
- Keeping mental health crises out of the criminal justice system

Community Mental Health Journal
<https://doi.org/10.1007/s10597-024-01296-1>

ORIGINAL PAPER

Mobile Crisis Teams' Implementation in the Context of new Medicaid Funding Opportunities: Results from a National Survey

Rachel Odes¹  · Preston Looper⁵ · Deepa Manjanatha² · Megan McDaniel³ · Matthew L. Goldman⁴

Received: 17 November 2023 / Accepted: 12 May 2024

© The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature 2024



Acknowledgements

- Work conducted while a PhD student/postdoc at University of California San Francisco
 - Funding from the Center for Occupational and Environmental Health
 - Targeted Research Training program
 - Grant funding: Southern California NIOSH Training Pilot Grant (6T42OH008412-17-01)
- California Department of Public Health: Robert Harrison, MD MPH & Jacqueline Chan, CIH
- California Hospital Association: Gail Blanchard-Saiger
- California Occupational Safety and Health Administration; Department of Workers' Compensation Research division



Thanks!

- Contact:
odes@wisc.edu



Questions/Comments/Group Discussion



Coming Up – November Virtual Forum

Date & Time: **November 21, 2024**
12 Noon – 1:00 PM (PST)

Topic: *Innovative Tools and Practices for Workplace Violence Prevention*
(K-9 program & body-worn cameras)

Faculty: Michelle Walsh-Fernandez
Director, Security
Pomona Valley Hospital Medical Center

Daman Christensen
System Director, Safety and Security
Adventist Health

Registration is
open on the
website.

Evaluation

Link to a brief evaluation survey is available:

- In Chat
- On the program web page for the 10/24 forum
- Via e-mail after the forum

Adjourn

Thank you!