University of Pennsylvania Health System Workplace Safety Program

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The Penn Medicine Ecosystem

- 43,000 Employees
- 6 In-patient Facilities Across 2 states
- 8 Practice of the Future Locations
- 1,100 Home Heath Workers
- 3,095 licensed beds
- $7.8B annual operating revenue
- Home of 1st hospital in the US – founded in 1751
- 1st medical school in the US
- Forbes Best Employers for Women
- Forbes America’s Best Large Employers
- US NEWS & World Report Best Hospitals

Source: Penn Medicine Facts & Figures 2020
The Highly Matrixed Approach

01 Workplace Safety Integration
Joint approach with Patient Safety, Occupational Safety and Environment of Care.

02 Avoid Rabbit Holes
There are so many solutions out there, but which ones are the best for our organization and entity?

03 Innovation
Varying degrees of process/program evolution and investment, that must to be herded in a common direction.

04 Data Domains
Significant inconsistency in terminology and data collection methods/systems.

05 Benchmarking
Create the ability to compare what is working internally as well as externally (Vizient)

06 Organization Structure
Give it a place to live within the Environment of Care structure that already exists.
Data Correlation – Power BI

- **Customer Complaints**
  - Pattern analysis – Where are they occurring?

- **Professionalism Events**
  - Where/Why are employees getting upset with each other?

- **Employee Injuries**

- **Social Media Events**
  - Data MineR

- **Security Responses**
  - Security/Behavioral Emergency Response Team

- **Patient Injuries**

- **Workers Comp/OSHA**

- **Midas/RL/Safety Net**

- **Security/HR**

- **Impact to Patient Care**
Program History

- Mission/vision
- Initial UPHS Task Force
Workplace Safety Enterprise Model Structure

Patient Safety
Patient Safety Committee
- PSRS
- Serious Events/Incidents
- Medication Safety
- Adverse Drug Reaction
- Equipment Supplies/Devices Safety
- Fall
- Error related to Procedure/Treatment/Test
- Complication of Procedure/Treatment/Test
- Transfusion
- Skin Integrity
- Patient Self Harm
- Infrastructure Failure

Environment of Care
- Emergency Services Response
- Physical Plant/Utilities/Service Disruption
- Administration/Management Safety
- Criminal/Potentially Criminal/Illegal Activity
- Capacity
- Other/Restraints and seclusions

Employee Safety OSHA
- Risk Assessments/SRA/CRA/PCRA
- Infection Control
- Medical Equipment Management
- Safety/Security
- Fire Safety
- Hazardous Material Handling
- Utilities
- Emergency Management and Preparedness

Violence
- Patient Handling Injuries and movement
- Combative Patient Injuries
- Manual Material Handling Injuries
- Needlesuck
- At Shaips Injuries
- BBF Exposure
- Slip/Trip/Fall

Social Media
- Cyber Stalking
- Virtual Harrassment
- Doxing
- Hate Speech

Board of Directors

Environment of Care Committee
- CEQI

*Patient Safety Committee is mandated by the DOH through Act 13 "MCARE Act" reporting system: PSRS
*Environment of Care Committee Reporting System: PM Safety Net, MIDAS
WHY IS THIS WORK IMPORTANT NOW?

We need data for learning and action

How are we collecting, measuring and reporting our data back to staff?

How do we best support our staff and families?

I was leaving out of the room at that point the patient daughter charged at me as if she was going to hit me, she also was on her cell phone telling the person she wanted them to meet her outside and that she would be waiting for me at 7pm

Patient threatened to murder me and spit on me

Patient threw a brick at the security guard, then threatened to come back to the Emergency Department with his gun and blow his head off
Utilize Vizient Workplace Violence Collaborative framework and new Joint Commission requirements to assess current state and develop robust action plan for improvement

Gap Analysis
• Form working group with representation from all entities
• Develop sub-groups to focus on key opportunities

Analysis and Recommendations for Future
• Analyze data and entity based programs and initiatives
• Identify high priority improvement opportunities
• Communicate findings and secure resources and support
Workplace Violence is a National Epidemic

- **Workplace violence:** An act or threat occurring at the workplace that can include any of the following: verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors of concern involving staff, licensed practitioners, patients, or visitors.

- Acts of violence currently third-leading cause of fatal occupational injuries in the United States

- Healthcare professionals are at high risk

- Assessment of risk + identification/implementation of preventative measures can reduce incidence of violent events
Joint Commission

- Define workplace violence, including a formal definition located in the Glossary
- Leadership oversight
- Worksite analysis
- Develop policies and procedures for the prevention of workplace violence
- Reporting systems, data collection, and analysis
- Post-incident strategies
- Training and education to decrease workplace violence

Vizient Collaborative

- Develop a multidisciplinary workplace violence committee
- Acknowledge workplace violence is an issue by leadership
- Establish appropriate policies addressing workplace violence
- Perform employee surveys on perception of safety
- Conduct a facility hazard identification analysis on a periodic basis
- Provide counseling and debriefing to those involved in workplace violence events
- Institute sign-in procedures and visitor passes
- Implement engineering controls to remove physical hazards
- Hang appropriate signage indicating a zero-tolerance and consequences of disruption
- Conduct a risk assessment screening on patients and document risk in medical record, flagging that patient
- Assemble a response team made up of properly trained individuals to response to potential or actual violent events
- Provide staff training on how to recognize potential indicators of workplace violence, how to protect themselves and others, and how to respond appropriately
- Evaluate training on an annual basis
- Develop process for keeping accurate records of workplace violence events
- Develop a workplace violence report/dashboard and distribute throughout the organization, including quality and executive committees

www.jointcommission.org
Approach

UPHS Workplace Safety Taskforce

• Creating framework and organizational structure for reporting and resource allocation
• Facilitate alignment and shared approach

▶ Vizient Workplace Violence Collaborative

• Internal UPHS Collaborative work group with > 60 representatives representing all entities
• Center for Evidence Practice Evidence Based Review
• Organizational assessment/gap analysis
• Work groups formed to perform a more in depth analysis and provide recommendations to the UPHS Workplace Safety Taskforce

▶ Alignment with Penn Medicine key strategies and initiatives
## Gap Analysis

<table>
<thead>
<tr>
<th>Leading Practices</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure Management Commitment and Worker Participation</td>
<td>Leadership engagement, establish WPV Committee, Policies</td>
</tr>
<tr>
<td>Perform Worksite Analysis and Hazard Identification</td>
<td>Employee safety surveys, facility hazard identification analysis</td>
</tr>
<tr>
<td>Ensure Hazard Prevention and Control</td>
<td>Visitor management, signage, risk assessments, response teams, staff support</td>
</tr>
<tr>
<td>Develop safety and health training</td>
<td>Staff training and process for evaluation</td>
</tr>
<tr>
<td>Perform recordkeeping and program evaluation</td>
<td>Accurate data, dashboards and dissemination for action</td>
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</tbody>
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Collaborative data metrics

**Outcome metrics:**

BERT activations per 100,000 worked hours

Workplace violence events per 100,000 worked hours

OSHA recordable injuries per 100,000 worked hours

<table>
<thead>
<tr>
<th>Period</th>
<th>Metric &amp; Timeframes</th>
</tr>
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<tbody>
<tr>
<td>Baseline</td>
<td>May - July 2020</td>
</tr>
<tr>
<td>Remeasure</td>
<td>February - July 2021</td>
</tr>
</tbody>
</table>
Workplace violence events per 100,000 worked hours

Baseline mean 2.42
Remeasure mean 3.12
OSHA recordable injury or illness per 100,000 worked hours

Baseline mean 2.58
Remeasure mean 1.79
BERT activations per 100,000 worked hours

Baseline mean: 3.92
Remeasure mean: 3.48

Organization Baseline
Orange

Organization Re-Measure
Purple

Baseline Mean after removing outliers
Orange, dashed line

Re-Measure Mean after removing outliers
Purple, dashed line

* = no baseline data
** = no remeasure data
UPHS Vizient Collaborative Workplace Violence Progress

SUB-GROUPS
In-Progress:
1. Data
2. Policies
3. Training
4. Staff Support

Gap Analysis COMPLETE
Pre-Data Collection COMPLETE
Assessment
Recommendations & Action Planning
Findings to Date

▶ Multiple data sources
  • Safety Event Reporting -- RLDatix, Midas multiple versions
  • Occupational Health
  • Security
  • OSHA reportable events
  • Claims

▶ Variability in policies, language, signage across entities
  • Workplace Violence definition
  • Code of Conduct
  • Need for standard UPHS policy bundle

▶ Opportunities for more robust training programs
  • Variability across UPHS
  • Lack of measurement to determine effectiveness

▶ Need for additional staff support following workplace violence/discrimination events
  • Debriefing
  • Caring for the Caregiver/Peer Support
  • Education and training for peer to peer support
Challenges and Opportunities

- Lack of standard definitions
- Lack of clarity around classification of professional behavior and workplace violence events
- Opportunity to view events through equity lens
- Manual process for connecting data across systems (security, occupational health, OSHA etc.)
- Multiple event reporting systems
- Variability in entity based processes and resources for training and staff support
- Need for more robust, standard policies to support system wide program development
Next Steps -- Data

▪ Recommend using 5 metrics for tracking and trending
  • All WPV event (1-4) per 100,000 worked hours – source Midas and RLDatix
  • Type II events per 100,000 worked hours -- source Midas and RLDatix
  • Type III events per 100,000 worked hours -- source Midas and RLDatix
  • Security response activations per 100,000 worked hours -- source Security data
  • OSHA reportable injury or illness per 100,000 worked hours – OSHA data
  • Entity and state required data if desired

▪ Future state
  • Power BI dashboard for Workplace Safety to facilitate improvement
Questions?

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