

R³ Report | Requirement, Rationale, Reference

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Published for Joint Commission-accredited organizations and interested health care professionals, *R3 Report* provides the rationale and references that The Joint Commission employs in the development of new requirements. While the standards manuals also may provide a rationale, *R3 Report* goes into more depth, providing a rationale statement for each element of performance (EP). The references provide the evidence that supports the requirement. *R3 Report* may be reproduced if credited to The Joint Commission. Sign up for [email](#) delivery.

Workplace Violence Prevention in Home Care Settings

Effective January 1, 2025, two new and one revised workplace violence prevention requirements will apply to all Joint Commission–accredited home care (OME) organizations. Similar requirements for hospitals, critical access hospitals, and behavioral health care and human services took effect January 1, 2022, and July 1, 2024, respectively.

Workplace violence continues to pose a significant occupational hazard for home care workers. However, this prevalence may be underestimated due to underreporting, as incidents are often perceived as minor. Moreover, the lack of action or the normalization of such incidents as part of the job exacerbates the issue. Inadequate training also contributes to the problem, with a research study finding that 62.5% of home care workers interviewed indicated receiving training related to workplace violence. Only 48.9% indicated receiving policies and procedures about workplace violence prevention. The researchers found that when incidents occurred, very few people received information regarding seeking medical care and even fewer received information about psychological care (Small et al., 2020).

The new and revised Joint Commission requirements provide a framework to guide OME organizations in developing new and reinforcing existing workplace violence prevention efforts. Requirements focus on leadership oversight, policies and procedures, reporting systems, data collection and analysis, post incident support and follow-up, and staff training and education as means to decrease workplace violence.

Along with the new requirements, the *Comprehensive Accreditation Manual for Home Care (CAMHC)* Glossary now includes a definition of 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.”

Engagement with stakeholders, customers, and experts

In addition to an extensive literature review and focused customer engagement, The Joint Commission sought expert guidance from a [Technical Advisory Panel \(TAP\)](#) of representatives from home care organizations, academic organizations, professional associations, and government sectors.

To ensure that the new and revised Joint Commission elements of performance (EPs) are supported by consensus opinion from multidisciplinary experts and stakeholders, we asked the TAP to take part in a modified Delphi voting process. The Delphi technique involves multiple rounds of voting and ensures that the voices and viewpoints from all the experts and stakeholders participating in the process are included when examining a topic. The Delphi process is a simple and well-recognized consensus building method (Shang, 2023; Nasa, 2021). Our modified Delphi voting process involved two rounds of voting (one via questionnaire and one during a virtual meeting), with discussion among participants conducted between the two rounds. The final vote occurred during the TAP meeting held in January 2024 to decide whether the proposed EP should move forward as a requirement. The new EPs were

individually reviewed. After brief discussion, TAP member voting resulted in 100% consensus on including these EPs in the OME accreditation requirements.

Requirement

Standard EC.04.01.01: The organization collects information to monitor conditions in the environment.

Revised EP 1: The organization ~~establishes~~ develops and implements a process(es) for monitoring, internally reporting, investigating, and documenting the following:

- Injuries to patients, staff, or others within the organization's facilities
 - Safety and security incidents, including those related to workplace violence, involving patients, staff (including staff in the field), or others
 - Hazardous materials and waste spills and exposures
 - Fire safety management problems, deficiencies, and failures
- Note 1:** This bullet on fire safety management is applicable only for inpatient hospice, ambulatory infusion, and facility-based rehabilitation technology.
- Equipment management problems, failures, and use errors.
 - Utility systems management problems, failures, or use errors.
- Note 2:** This bullet on utility systems management is applicable only for inpatient hospice, ambulatory infusion, and facility-based rehabilitation technology.

Revisions include the following:

- Replacing the word “establishes” with “develops”
- Adding “monitoring” before “internally reporting, investigating, and documenting”
- In the second bullet, revising “securing incidents” to “safety and security incidents” and adding “including those related to workplace violence”

Rationale

The inclusion of safety and security incidents, particularly those related to workplace violence, in the home care organization's monitoring and reporting process is crucial as it demonstrates a commitment to recognizing and mitigating the risks associated with workplace violence, proactively manages these risks, enables staff protection and support, aligns with regulatory compliance, emphasizes a culture of safety, informs data-driven decision-making, and contributes to the overall well-being of both staff and patients.

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*Not a complete literature review.

Resources to Help with Compliance

- American Society for Healthcare Risk Management. (2023). *Healthcare facility workplace violence risk assessment toolkit*. <https://www.ashrm.org/resources/workplace-violence-download>
 - Includes a readiness survey for leadership and checklist for proactive prevention and reactive response to different types of workplace violence

- American Society of Safety Professionals. (2019, December). *ASSP GM-Z10.101-2019 guidance manual: Keep your people safe in smaller organizations*. 40 p. <https://store.assp.org/PersonifyEbusiness/Store/Product-Details/productId/201243100>
- The document is free, but registration is required. It is also a guidance manual for ANSI/ASSP Z10.0.
- Occupational Safety and Health Administration. (2016). *Guidelines for preventing workplace violence for healthcare and social service workers* (OSHA 3148-06R 2016). U.S. Department of Labor. <https://www.osha.gov/Publications/osh3148.pdf>
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Requirement

Standard HR.01.05.03: Staff participate in ongoing education and training.

New EP 29: As part of its workplace violence prevention program, the organization provides training, education, and resources (at time of hire, annually, and whenever changes occur regarding the workplace violence prevention program) to leadership, staff, and licensed practitioners. The organization determines what aspects of training are appropriate for individuals based on their roles and responsibilities. The training, education, and resources address prevention, recognition, response, and reporting of workplace violence as follows:

- What constitutes workplace violence
- Education on the roles and responsibilities of leadership, staff, external law enforcement and, when utilized, security personnel
- Training in de-escalation, nonphysical intervention skills, physical intervention techniques, and response to emergency incidents
- The reporting process for workplace violence incidents

Rationale

Recognition of what constitutes workplace violence begins with awareness of the different types of physical and nonphysical acts and threats of workplace violence. In addition, education and training should focus on de-escalation and intervention techniques when confronted with incidents of workplace violence. Incorporating violence prevention tools and encouraging the use of a simple and accessible reporting process can ultimately reduce the likelihood of health care staff being victims of workplace violence.

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Requirement

Standard LD.03.01.01: Leaders create and maintain a culture of safety and quality throughout the organization.

New EP 9: The organization has a workplace violence prevention program led by a designated individual and developed by a multidisciplinary team that includes the following:

- An annual analysis of possible safety and security risks related to workplace violence
- Policies and procedures to prevent and respond to workplace violence
- A process to report incidents and to analyze incidents and trends, which are then reported to governance
- A process for follow-up and support for victims and witnesses affected by workplace violence, including trauma and psychological counseling, if necessary

Rationale

Identifying an individual to be accountable for an organization's workplace violence prevention program establishes clear lines of accountability. In addition, having policies and a standardized process to report and follow up on events or near-misses decreases variation in the program. Data collection and simple, accessible reporting structures show commitment to providing a safe and secure work environment. Regularly reporting incidents and trends to governance promotes transparency and further establishes accountability for the program.

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