Operation Safe Workplace: A multidisciplinary approach to hospital violence

Darryl Beard MA, CST, CHSP

Michelle Conley DNP (c), MBA, BSN, RN
Operation Safe Workplace

Objectives

1. Identify the leadership approach and importance of organizational commitment to addressing workplace violence.
2. Recognize the importance of leadership in developing a comprehensive workplace safety program.
3. Describe the structure of the program and implementation strategies employed.
4. Identify methods to modify the presented structure and programming success to other organizations.
Aria –Jefferson Health
Philadelphia, Pennsylvania

- 3 hospital Health System in Bucks and Philadelphia Counties
- 480 licensed beds
- Physician services company, Orthopedic services company
- School of Nursing
- Residency Program
- 122,124 Emergency Room visits annually
Recent Headlines

✓ American Nurses Association calls for zero tolerance on hospital violence - 8/15
✓ Surgeons look to psychiatry to reduce risk of patient violence – 12/15
✓ Hospitals must take proactive approach against violence – 11-15
✓ Hospital violence may link to management’s risk tolerance – 3/15.
✓ Assaults against nurses soar in Minnesota and reflect nationwide trend – 11/14
Background

Occupational Health Safety Network

✓ From 2012 - 2014 workplace violence injury rates increased for all health care job classifications.
✓ Doubled for nurses and nursing assistants.
✓ Health care accounts for over 20% of all workplace injuries related to violence.

Background

✓ AONE Guiding Principles: Mitigating Violence in the Workplace
✓ Emergency Nurses, Critical Care Nurses Associations with Position statements on violence in the workplace and healthy work environments
✓ TJC – Focus on Workplace Violence Mitigation (October 2016)
Pre-State

✓ Assumed Chief Nursing Officer position in beginning of 2011
✓ Organizational Culture
✓ Psychological/Physical/Social Factors
✓ Tipping Point
✓ Attempts to address issue with existing structure/resources
Assessment

✓ Leadership recognition of issue through anecdotal events.
✓ Nursing commitment to address issue aggressively and collect data.
✓ CNO brings to SLT to gain buy in.
✓ Change in leadership in Safety/Security August 2012
✓ Partnership with new safety and security leadership to prioritize workplace violence as a burning platform.
Where We Started

- FY 12 – 42 injuries related to workplace violence
Interventions

✓ Initial meeting to brainstorm approach.
✓ Data analysis: security reports, workers compensation claims data, incident reports.
✓ Focus groups and 1:1 interviews with nursing staff, supervisors, security personnel, parking attendants and physicians.
✓ Decision made to focus initially in the ER.
Initial Findings

- Environment
- Policy & Procedure
- Technology and Equipment
- Communication
- People
FISHBONE DIAGRAM RELATED TO WORKPLACE VIOLENCE

Technology & Equipment
- Card Swipes
- Flagging Patients
- Panic Devices
- Metal Detection
- Security Cameras
- Communication With L.E.

Environmental
- Unreported Incidents
- Mentally Unstable Patients
- Space Restrictions
- Patient Placement
- Forensic Patients
- Emergency Notification

People
- Lack or No Security
- Staff Burn Out
- Lack MD Support
- No Staff Support
- Disrespected
- No Lack of Team Work

Policy Procedures
- Siloed
- Removing Disruptive Patients
- Unaware of P&P
- Calling Police
- Use of Restraints
- Use of Secure Rooms
- Securing Admitted Patients
- Removing Disruptive Patients
- Workplace Violence

Event Workplace Violence
Findings

Environment

✓ Space restrictions
✓ Patient placement problems
✓ Forensic patients
✓ Emergency notification
✓ Volume surges
✓ Mentally unstable/intoxicated patients
Findings

Policy & Procedure
- Restraint
- Use of secure rooms
- 1:1 Observation
- Workplace violence
- Managing disruptive patients
Findings

Technology and Equipment

- Security cameras lacking
- Communication mechanisms with law enforcement (Overuse)
- Secure entry/card swipes lacking
- Inadequate panic buttons
- Handheld Metal detectors
Findings

Communication

✓ Unreported incidents
✓ Siloed mentality/absence of collaboration
✓ Non-awareness/adherence to policies
✓ Acting without collaboration
✓ Security – Hands off policy
Findings

People

- Lack of teamwork
- Lack of appropriate training & accountability
- Lack of support
- Burnout
- No security presence
- Disrespect, futility, helplessness, anger, displacement
Interventions/Actions

- ✔ Environment
- ✔ Policy & Procedure
- ✔ Technology & Equipment
- ✔ Communication
- ✔ People
Environment

• Redesigned emergency room spaces, including waiting room secure rooms, and triage areas
• Designated areas and entry protocols for forensic patients
• Panic buttons added
• Addition of internal communication capabilities in the ER’s
• Designated overflow spaces and house supervisor involvement
• Creation of an ER surge team
• Designated spaces for unstable/intoxicated patients
Policy & Procedure

- Evaluated and revised restraint policy to include security as a part of the intervention team
- Developed policy and SOP for secure room usage
- Evaluated and revised 1:1 observation policy
- Developed a comprehensive workplace violence policy
- Developed a patient code of conduct guideline
- Develop new Policy For CODE ORANGE
Technology & Equipment

- Redesign ER’s using CEPTED to Include Clearer Lines of View, Card Readers, Cameras and Panic Buttons
- Added Metal Detectors to ED Entrance
- Engaged Local Law Enforcement Discuss Plan to Reduce Overuse of Police Calls
- Changed Leather Restraints to A More Patient Centric Restraint
Communication

• Educated all staff to reporting mechanisms
• Workplace safety committee formed
• Education of all staff regarding team approach and HWC
• Developed Aria Safe Program and educated entire house
• Utilized existing communication vehicles: Nursing Shared Governance, Employee Council, Town Meetings, etc.
• Debrief of events
• Use of daily huddles to identify potential issues and review events
People

• New de-escalation training protocol - *Handle with Care (HWC)*. Nursing and Security primary team
• Added security to de-escalation team
• Enhanced Training - Based on a team model and included adding formal de-escalation training to all new hires, specialized training for residents, Home Care staff, Patient Access and Volunteers.
• Work Place Safety Committee with senior leadership support
• CNO & Director of S&S articulated clear behavioral expectations
Injuries Related to Workplace Violence

FY 2012 - 2016

Total Injuries Related to Workplace Violence

- FY 2012: 42
- FY 2013: 37
- FY 2014: 33
- FY 2015: 19
- FY 2016: 19
Workman’s Compensation

Total Paid
FY 12 $43,738.00
FY 13 $78,301.00
FY 14 $86,844.00
FY 15 $55,967.00
FY 16 $20,126.00

Total Paid related to Workplace Violence
Where Are We Now

- Top Ten 2015 Delaware Valley Patient Safety & Quality Awards
- Podium presentation AONE 2015
- Presented HCIF Patient Care Leadership Summit
- Workplace Safety Committee
- Partnering with our communities
- Added police substation
Contact Information

Darryl Beard
Aria – Jefferson Health
darrylbeard@ariahealth.org
215 831-2594

Michelle Conley
Aria – Jefferson Health
mconley@ariahealth.org
215-612-4118