


Operation Safe Workplace: A multidisciplinary approach to hospital violence

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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.
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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 managements risk tolerance – 3/15.
 - ✓ Assaults against nurses soar in Minnesota and reflect nationwide trend – 11/14
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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 work place injuries related to violence.

• *Morbidity & Mortality Weekly Report. 2015; 64: 405 – 410.*


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

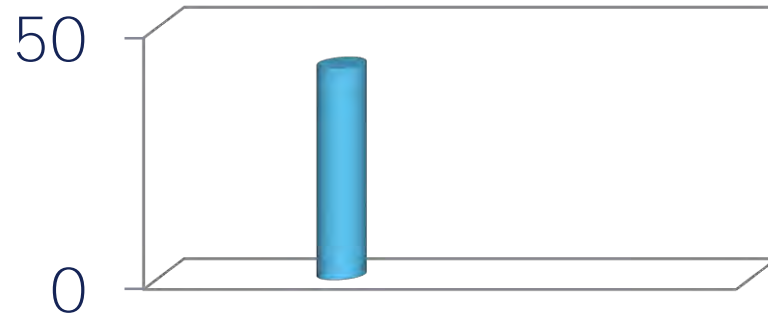
- ✓ Assumed Chief Nursing Officer position in beginning of 2011
 - ✓ Organizational Culture
 - ✓ Psychological/Physical/Social Factors
 - ✓ Tipping Point
 - ✓ Attempts to address issue with existing structure/resources
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Assessment


- ✓ 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.
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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.
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Initial Findings

- ✓ Environment
 - ✓ Policy & Procedure
 - ✓ Technology and Equipment
 - ✓ Communication
 - ✓ People
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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
Patient
Volume

Space Restrictions

Patient Placement

Forensic Patients
Emergency Notification

Event
Work-
Place
Violence

Lack or No Security
Staff Burn Out
Lack
MD
Support
Training
Risk Mgt.

Disrespected
No Staff Support
Lack of
Team Work

Security
Hands off
Approach

Communication

Siloed
Removing
Disruptive
Patients
Unaware of P&P
Calling
Police

1:1's


Use of Restraints
Use of Secure Rooms
Securing Admitted Patients
Removing Disruptive Patients
Workplace Violence

Policy Procedures

People


Findings

Environment

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

Policy & Procedure

- ✓ Restraint
 - ✓ Use of secure rooms
 - ✓ 1:1 Observation
 - ✓ Workplace violence
 - ✓ Managing disruptive patients
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Findings

Technology and Equipment

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

Communication

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


People

- ✓ Lack of teamwork
 - ✓ Lack of appropriate training & accountability
 - ✓ Lack of support
 - ✓ Burnout
 - ✓ No security presence
 - ✓ Disrespect, futility, helplessness, anger, displacement
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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
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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
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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
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People

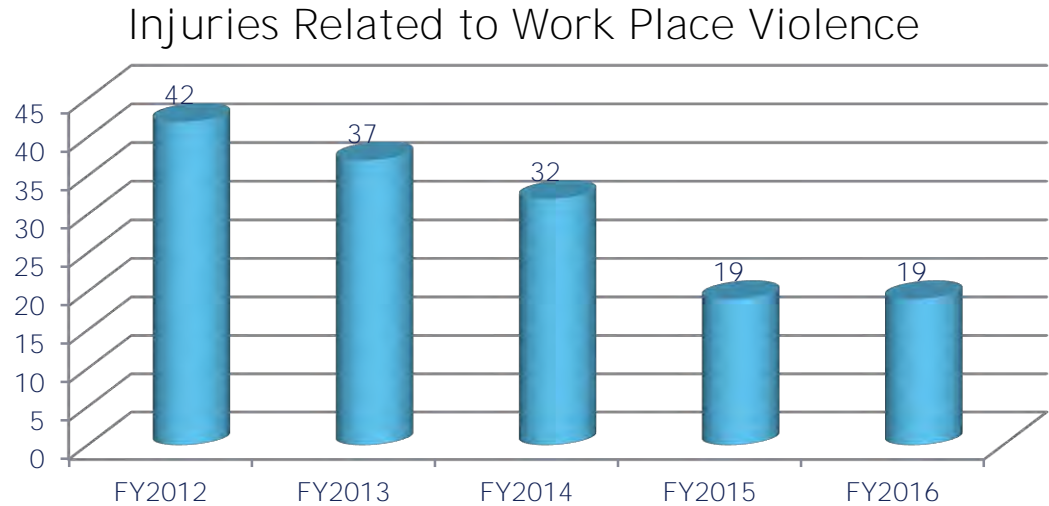
- New de-escalation training protocol - *Handle with Care (HWC)*. Nursing and Security primary team
- Added security to de-escalation team
- Enhanced Training - Based on a team model and included adding formal de-escalation training to all new hires, specialized training for residents, Home Care staff, 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 Work Place Violence

- **FY 2012: 42**
- **FY 2013: 37**
- **FY 2014: 33**
- **FY 2015: 19**
- **FY 2016: 19**

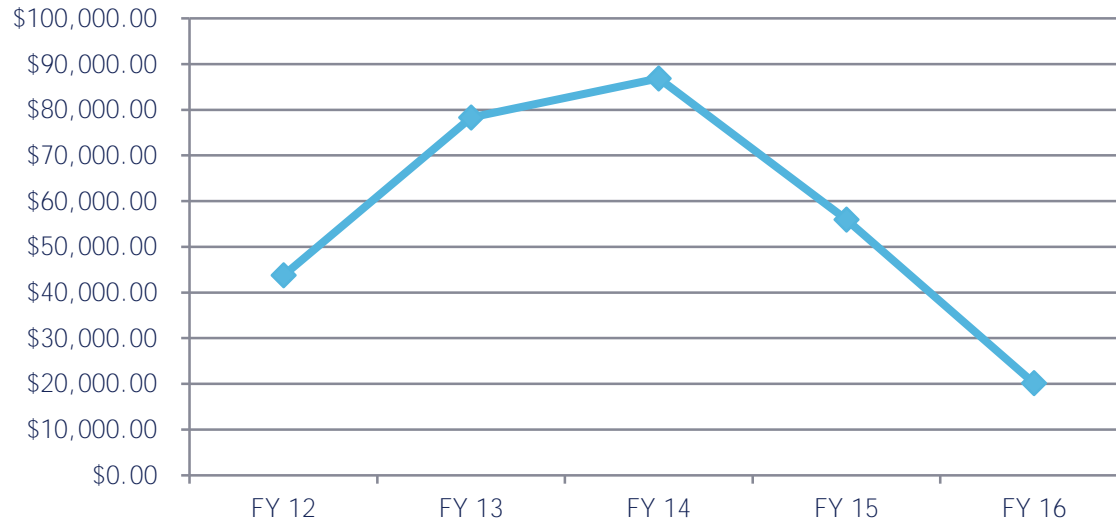


Workman's Compensation


Total Paid related to Workplace Violence

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



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
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