Workplace Violence Prevention: Best-Practices in Health Care Environments

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The VHA Workplace Violence Prevention Program (WVPP) Model and Process:

• Emphasizes multi- and interdisciplinary team best practice
• Meets the IAHSS Health Care Standard
• Aligns with TJC, OSHA, DHS, FBI, ASIS/SHRM, and ATAP best practice guidelines and recommendations
• Is scalable to health care systems of highly varied sizes and complexities
• Works!
Acknowledgements

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In memory of health care providers who died March 9, 2018, at the Pathway Home in Yountville, CA

Dr. Jennifer Gonzales, 29
Clinical Psychologist, San Francisco VA Medical Center
Unborn Child
7 months developed

Christine Loeber, 48
Pathway Home Executive Director

Dr. Jennifer Golick, 42
Pathway Home Clinical Director

Agenda

• US Veterans Health Administration
• Workplace Violence Prevention Program Model: Implementation Essentials and Overcoming Challenges
• Violence Risk and Threat Assessment in Health Care:
  – Fundamentals of Multi- and Interdisciplinary Practice
  – Evidence-Based Threat Assessment: Types of Violence and Pathways
• Does Behavioral Threat Assessment and Management Work in Healthcare Workplaces?
• Strategic Collaboration
US Veterans Health Administration (VHA)
US Veterans Health Administration (VHA)

- 150+ Medical Centers
- 1000+ Community Based Outpatient Clinics
- 300,000+ Employees
US “Health Care Community Standard” vs. VHA

BANNED from HEALTH CARE

VHA **MUST** rise to a high standard of providing comprehensive workplace violence prevention programs and organizational infrastructure.

“VA Response to Disruptive Behavior of Patients”
38 C.F.R. §17.107 (2010)
What VHA **CAN** Do

Keep Veterans in VHA health care: The care VHA provides can address the 6 key protective domains.

Access to care *is* a violence risk mitigation strategy.
Workplace Violence Prevention Program Model: Implementation Essentials and Overcoming Challenges
WVPP Personnel

Kelly E. Vance, MD
Director, Prevention and Management of Disruptive Behavior Program

Scott Hutton, Ph.D., MBA, RN, FAAN
Director of Operations

Ashley Jepsen, BS
Program Analyst

Bridget Truman, PhD
Violence Prevention Specialist

John Whirley, PhD
Violence Prevention Specialist
Bystander to “Upstander”
Education and Awareness
Skills
All employees

Easy and short

“Return Receipt”
Leadership

Assess

- Multi- and Interdisciplinary
- Evidence-based, Data-driven
- Structured Professional Judgment

Employee

Report

Van Male, February 2015
Leadership

Assess

Management Plan

- Collaborative with Patient
- Spectrum of "Confrontation"

Employee

Report

Van Male, February 2015
• What is the Safety/Treatment Plan?
• What ACTION should staff take to stay safe?
Disruptive Behavior Committee (DBC) and Employee Threat Assessment Team (ETAT)

Increase Protective Factors and Decrease Risk Factors; Order of Behavioral Restriction (OBR)

In-Person or Virtual Conversation; Patient Record Flag (PRF)

Prevention and Management of Disruptive Behavior (PMDB)

Disruptive Behavior Reporting System (DBRS) and Workplace Behavioral Risk Assessment (WBRA)

Van Male, February 2015
All Personnel

Employee

Prevention and Management of Disruptive Behavior (PMDB)

Van Male, February 2016
PMDB Program Structure

PMDB Director
- Promotes, Trains, Recalibrates Master Trainers via
- Train The Trainer and Annual Recalibration

Master Trainers
- Train and Recertify Facility Trainers via
- Train The Trainer Course and FTRAs

Facility Trainers
- Train and Refresh Frontline Employees via
- Level II, III, and IV of PMDB In-Class Training

Front Line Employees
- Learn PMDB Skills through 4 Levels of PMDB Training
PMDB Employee Curriculum

Level I
- Online
- Introduction to Violence Prevention Concepts

Level II
- In Class
- Customer Service, Observation, Assessment, and Verbal De-escalation Skills (Verbal Protection)

Level III
- In Class
- Limit Setting and Personal Safety Skills (Physical Protection)

Level IV
- In Class
- Therapeutic Containment (Patient intervention to control physically violent acts)
## Matching PMDB Training Levels to Risk Definitions

<table>
<thead>
<tr>
<th>RISK LEVEL</th>
<th>DEFINITION</th>
<th>TRAINING NEEDED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HIGH</strong></td>
<td>Exposure to physical disruptive behavior (DB) requiring therapeutic containment</td>
<td>Levels I, II, III, IV (Customer Service/Verbal, Physical Skills, Therapeutic Containment)</td>
</tr>
<tr>
<td><strong>MODERATE</strong></td>
<td>Exposure to both physical and verbal disruptive behavior (DB)</td>
<td>Levels I, II, III (Customer Service/Verbal, Physical Skills)</td>
</tr>
<tr>
<td><strong>LOW</strong></td>
<td>Exposure to only verbal disruptive behavior (DB)</td>
<td>Levels I, II (Customer Service and Verbal Skills)</td>
</tr>
<tr>
<td><strong>MINIMAL</strong></td>
<td>No exposure to any type of disruptive behavior (DB)</td>
<td>Levels I Only Intro. to WVP concepts</td>
</tr>
</tbody>
</table>
Percent Physically Violent Incidents Concentrated in Areas With and Without Mandatory PMDB Employee Training

Vance et al (2014)
All Personnel

Employee

Report

Disruptive Behavior Reporting System (DBRS) and Workplace Behavioral Risk Assessment (WBRA)
Disruptive and Violent Behavior Incident Reporting

Challenge

20% Reporting Rate
- Similar rate internationally, across health care systems
- Multiple probable causes:
  - Competing demands—reporting takes time
  - Not want to “label” patients
  - Concern for own reputation
  - Beliefs as to whether reporting will do any good

Solution

Successful Reporting Systems:
- Accessible
- Short and Simple
- Trusted and Secure
- Optional Anonymity
- Result in Identifiable Outcomes
- Labor and Management Support

Voice for Concerns

Mario Scalora, PhD
Association of Threat Assessment Professionals, 2014
### Reporting an Incident

<table>
<thead>
<tr>
<th>Location &amp; Time</th>
<th>Facility</th>
<th>Date and time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is Reporting?</td>
<td>Contact information</td>
<td></td>
</tr>
<tr>
<td>Who Experienced?</td>
<td>Who experienced the disruptive behavior</td>
<td></td>
</tr>
<tr>
<td>Who was the Disruptor?</td>
<td>Brief information about the disruptive individual</td>
<td></td>
</tr>
<tr>
<td>Incident Details</td>
<td>Description of the incident and other related details</td>
<td></td>
</tr>
</tbody>
</table>
Leadership

Assess

- Multi- and Interdisciplinary
- Evidence-based, Data-driven
- Structured Professional Judgment

Employee

Report

Van Male, February 2016
Violence Risk and Threat Assessment in Health Care: Fundamentals of Multi- and Interdisciplinary Practice
Multidisciplinary Teams Matter
Multidisciplinary Teams Matter

Van Male, July 2015
Multidisciplinary Teams Matter

Van Male, July 2015
Multi- AND Interdisciplinary Teams Matter

Van Male, July 2015
Multi- AND Interdisciplinary Teams Matter
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Multi- AND Interdisciplinary Teams Matter
Healthcare Facilities (HCFs) should establish a process and multi-disciplinary team to identify, assess, validate, mitigate and respond to threats of violence or other behaviors of concern.
Evidence-Based Threat Assessment: Types of Violence and Pathways
Bimodal Theory of Violence

Predatory vs. Affective

J. Reid Meloy (2006)
Pathway to Violence

Affective

1. Ideation
2. Breach
3. Attack
4. Grievance

Predatory

1. Ideation
2. Preparation
3. Research & Planning
4. Breach
5. Attack
6. Grievance

Calhoun and Weston (2003)
What About Recently Returned Service Members?

- Minimal or absent ANS arousal
- No conscious emotion
- Heightened and *focused* awareness
- Intense ANS arousal
- Subj. exp. of emotion
- Heightened and *diffuse* awareness

Traditional “predatory” violence indicators may need a closer look in the context of normative post-deployment readjustment and/or PTSD

J. Reid Meloy, 2006
Leadership

Assess

Disruptive Behavior Committee (DBC) and Employee Threat Assessment Team (ETAT)

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Van Male, February 2016
DBCs are Multi- and Interdisciplinary Threat Assessment and Management Teams

Operate under the authority of, and report to, the Chief of Staff: **DBCs are Clinical Care**
Disruptive Behavior Committee

Inter- and multidisciplinary *Clinical Care* team:

- Senior Clinician (Chair)
- Union Safety Representative
- Training Program (PMDB) Representative
- Quality Management
- Legal Counsel (ad hoc)
- Support/Clerical staff
Disruptive Behavior Committee

Inter- and multidisciplinary *Clinical Care* team:

- Law Enforcement
- Representatives from High Risk Areas
- Patient Advocate
- Privacy Officer (ad hoc)
- Patient Safety or Risk Management
- Clinical Trainees
DBCs Fulfill Critical Functions

Consultation
Individualized Assessment
DBCs Fulfill Critical Functions

Treatment and Safety Plan Communication
DBCs Fulfill Critical Functions

Education

PMDB Today!
Disruptive Behavior Committee

- Advises clinicians, clinic managers, and the Chief of Staff on a coordinated approach for addressing patient disruptive behavior; promotes the safe and effective delivery of health care
- Encourages disruptive behavior reporting
- Trends disruptive behavior data
- Completes violence risk assessments
- Develops risk mitigation recommendations
Disruptive Behavior Committee

- Recommends whether an electronic medical record alert would help reduce risk
- Oversees training in Prevention and Management of Disruptive Behavior (PMDB)
- Brokers debriefing as requested for individuals traumatized in violent incidents
- Advises the Chief of Staff and the Facility Director about systems issues that may be contributing to disruptive patient behavior
The majority (74%) of DBC Chairs report being satisfied or very satisfied with the overall function of their DBCs. However, there is variability among chairs with a minority feeling dissatisfied or very dissatisfied.

Number of DBC Chairs self-reporting satisfaction with DBC overall function.

Source: DBC Chairs Conferences, 2014-2016.
Leadership Satisfaction with DBCs (HAIG Survey, 2015)

When surveyed, 84% of VHA facility leadership teams found the threat assessment and management activities of their DBCs very effective, with the remaining 16% reporting DBCs were somewhat effective. No facilities reported finding their DBCs ineffective.

2015 N=141

- Very Effective: 118 (84%)
- Somewhat Effective: 23 (16%)

Percentage of facilities describing their DBC’s level of effectiveness in managing patient disruptive behavior and improving safety for Veterans and staff. Source: 2015 HAIG Survey
Leadership

Management Plan

- Collaborative with Patient
- Spectrum of “Confrontation”

Assess

Employee

Report

Van Male, February 2016
Collaborative with Patient

People tend to support what they, themselves, create.
Synthesize Risk and Protective Factors Into a Safety Plan

- Under what circumstances is the person at highest risk?
- How can the person lower risk by either increasing protective factors or reducing dynamic risk factors? Or both?
- What are the person’s perceptions about lowering risk and what level of engagement does s/he have in developing a safety plan? And sticking to it?
Protective Factors and Violence in Veterans

Protective factors indicate health and well-being in the following domains:

- Living
- Work
- Financial
- Psychological
- Physical
- Social

Eric Elbogen, DBC Chairs Conference, January 2014
• What is the Safety/Treatment Plan?
• What ACTION should staff take to stay safe?
Leadership

Assess

Management Plan

Communicate

In-Person or Virtual Conversation; Patient Record Flag (PRF)

Employee

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Van Male, February 2016
What Are Appropriate Uses of Patient Record Flags?

“PRF were...Developed for the specific purpose of improving safety in providing health care to patients who are identified as posing an unusual risk for violence.”

“...Patient Record Flags (PRF) immediately alert [employees] to the presence of risk that must be known in the initial moments of a patient encounter.”

VHA Directive 2010-053, Patient Record Flags
Patient Record Flags: Content

PROBLEM

1-2 sentences describing the problem determined to pose a safety threat:

“Patient has a history of concealing firearms on his person while on VHA property.”

“Patient has a history of violence toward staff, resulting in injury, particularly while intoxicated.”

PLAN

1-2 sentences describing action to take to promote safety:

“Patient must check-in with VA Police when on VHA property. Police may search if there is probable cause.”

“Staff should have a low threshold for notifying VA Police when Patient presents for care under the influence of substances.”
Patient Record Flags Are Road Signs, NOT the Road Itself
Does Behavioral Threat Assessment and Management Work in Health Care Workplaces?
The Existence of a PRF \textit{REQUIRES} that the Threat Assessment and Management Process Occurred
Repeat Offenders Account for 40% of All Incidents

Drummond et al (1989)
<table>
<thead>
<tr>
<th>Incident</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Assault</td>
<td>14</td>
<td>30</td>
</tr>
<tr>
<td>Assault with weapon</td>
<td>11</td>
<td>23</td>
</tr>
<tr>
<td>Repeat Verbal threat</td>
<td>8</td>
<td>17</td>
</tr>
<tr>
<td>Weapons/explosive</td>
<td>7</td>
<td>15</td>
</tr>
<tr>
<td>Suicide attempt at VA</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Hostage Taking</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Repeated disruption</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

*Drummond et al (1989)*
Change in Disruptive Behavior for Patients with Patient Record Flags (N=36)

- **Pre-**
  - Mean # of Incidents: 91.6%
  - Incidents/Visit: 85.4%

- **Post-**

**DECREASE**

Drummond et al (1989)
Healthcare Utilization for Patients with Patient Record Flags (N=36)

DECREASE
Mean # of Visits: 42.2%
Utilization pattern aligned with matched peers

Drummond et al (1989)
**Leadership**

**Assess**
- Disruptive Behavior Committee (DBC) and Employee Threat Assessment Team (ETAT)

**Management Plan**
- Increase Protective Factors and Decrease Risk Factors; Order of Behavioral Restriction (OBR)
- In-Person or Virtual Conversation; Patient Record Flag (PRF)

**Communicate**

**All Personnel**

**Employee**
- Prevention and Management of Disruptive Behavior (PMDB)
- Disruptive Behavior Reporting System (DBRS) and Workplace Behavioral Risk Assessment (WBRA)

**Report**
Questions?

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