



Trinity Health Workplace Violence (WPV) Prevention Strategy

Becoming the Safest Health System in America

Tyler Kerns, LPC

Violence Prevention & Education Consultant, Saint Alphonus Health System

Trinity Health WPV Prevention Committee Chair

Workplace violence prevention takes more than security

- It requires a commitment from organizational leadership, interdisciplinary collaboration, and allocation of resources. It is an investment in our workforce, not an operational cost.

Safety as a core value since 2020

Colleague and patient safety are seen as one safety effort, fully integrated

OSHA events on the board goals since 2021

Nearly 400 fewer OSHA injuries to workers this fiscal year

Our 5 Team Colleague Safety Strategy

Workplace violence prevention workgroup for the enterprise

Workplace Violence (WPV) Prevention Workgroup Areas of Focus

Trinity Health WPV Prevention Guidebook

Detailed instructions for implementing WPV prevention best practices for all TH ministries

Screening for Violence

Integration of the Broset Violence Checklist into the EMR for early identification of patients with elevated risk of violence

Used as a standard screening tool for every patient during triage/intake within the ED/ acute care setting

Real-Time Response to WPV

Going beyond a security response to include both clinical support and senior leadership involvement, while normalizing and standardizing the reporting process for WPV incidents and improving quality documentation

Education and Training

Use of a standard nonviolent physical intervention/de-escalation curriculum for all security teams that emphasizes DEI components to improve security and patient/client/visitor interactions

Creation of a three-tiered proprietary violence prevention and de-escalation curriculum for use on the enterprise level for onboarding and annual training.

Low Risk exposure: eLearning module covering identifying escalating behavior, de-escalating strategies, policies, reporting, roles, and physical safety techniques.

Moderate Risk Exposure: eLearning module , and 2-3hrs of in-person training that includes hands on physical safety techniques.

High Risk Exposure: eLearning module, and 8hrs of in-person training that includes in-depth de-escalation training, hands on physical safety techniques, and nonviolent therapeutic restraint techniques.

Workplace Violence (WPV) Prevention Workgroup Areas of Focus

Data Tracking Dashboards

Allow for greater capacity to drill down into WPV data

Analysis of incidents by date, location, unit, type of incident, severity, and job role of the effected colleague

The WPV dashboards will be used in conjunction with existing enterprise level safety scorecards

WPV Prevention Committees at All Ministries

Models have been created to allow each RHM to develop an active interdisciplinary WPV prevention committee to own and steer the local WPV prevention programs

This local ownership and accountability improves prevention and ensures compliance with The Joint Commission accreditation standards

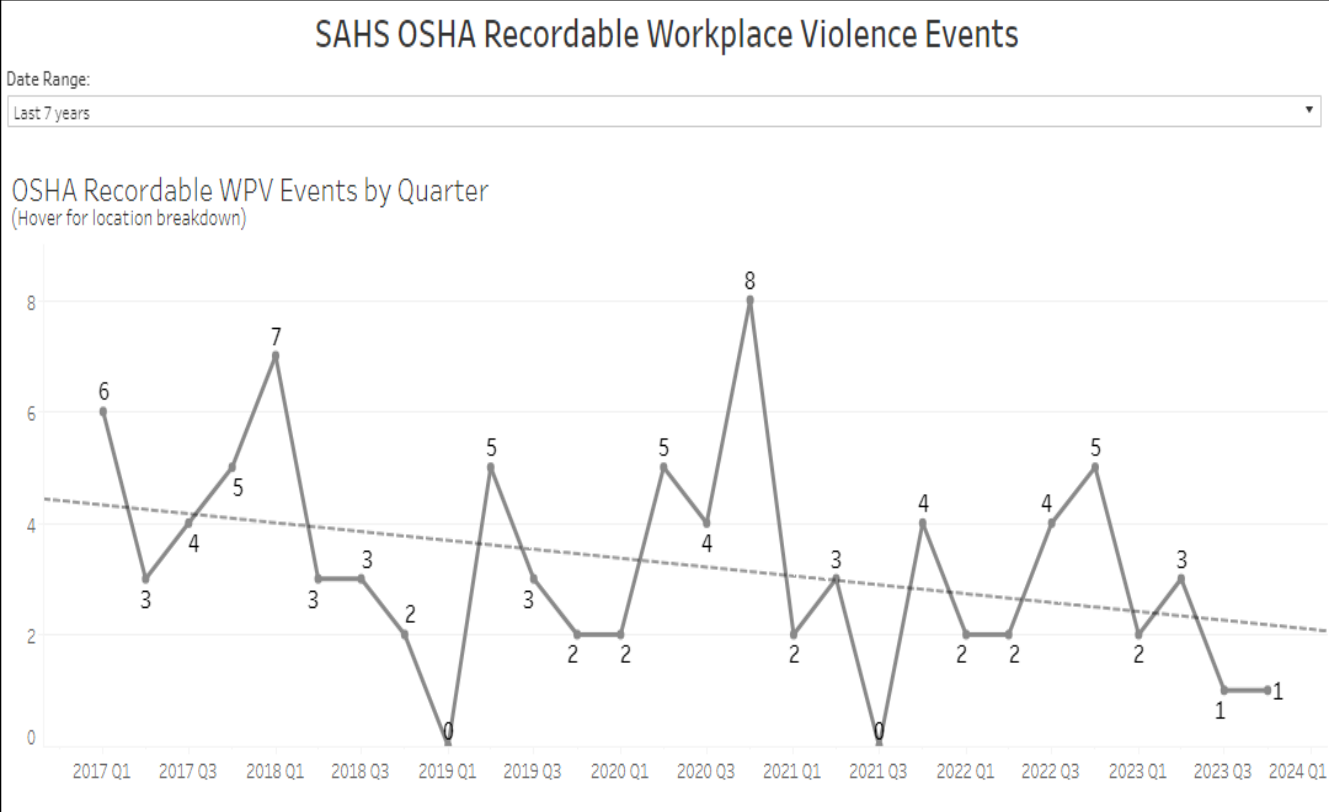
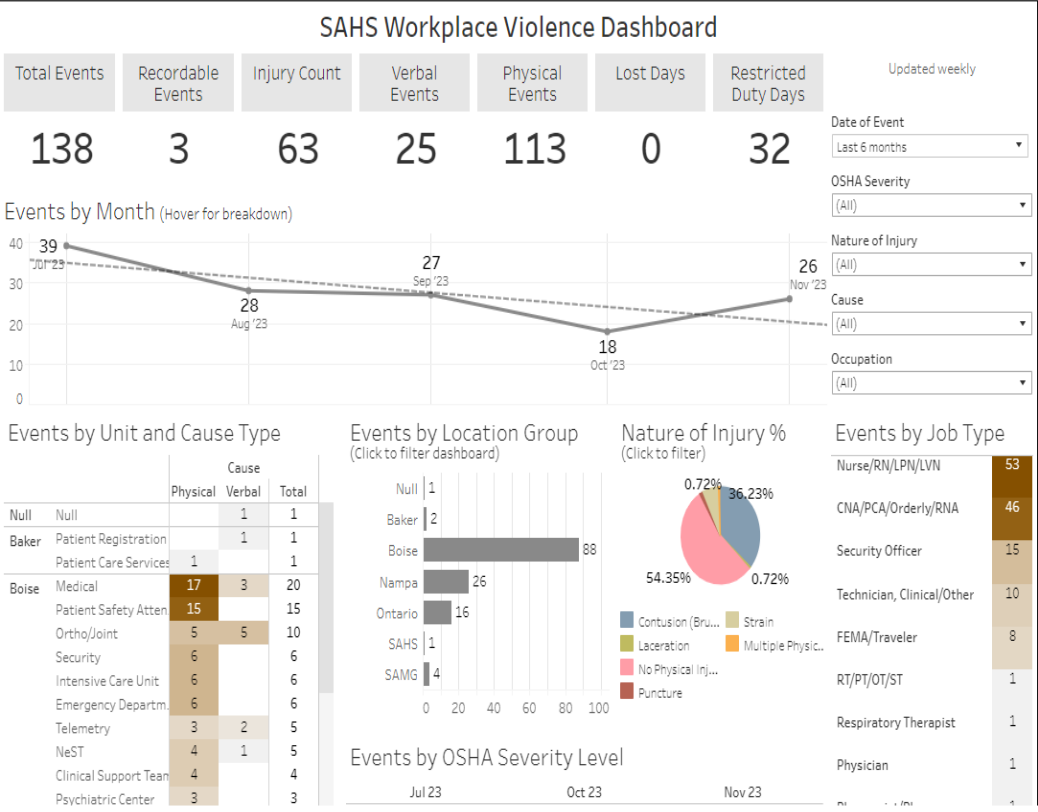
Patient/Visitor Code of conduct

Utilization of a Patient/Visitor code of conduct to clarify behavioral expectations as well as the consequences for failing to adhere to said behavioral expectations

Visitor Management and access management standardization

Zero Tolerance of predatory violence

Detailed Data Tracking and Analysis with WPV dashboards



Ministry Specific WPV Dashboards that allow for granular assessment down to the unit/job role level will be available enterprise wide early 2024

Implementing a Workplace Violence Prevention Program

Identify Stakeholders

Interdisciplinary collaboration includes Security, Risk Management, Colleague Safety/Employee Health, Patient Safety, Facilities/Engineering, Health Information Management, Regulatory, Clinical Leadership, Executive Leadership, and Frontline Colleague representation.

Leverage expertise from all areas of your organization.

Ownership & Accountability

Identify a leader for your WPV prevention program. This is a core responsibility, not an additional duty.

Scale your program's engagement: daily safety huddles, weekly incident reviews, monthly WPV prevention committee meetings, quarterly board reports, annual program reviews

Accreditation and Regulatory considerations

Ensure that your WPV prevention program remains up to date on all local, state, and federal accreditation and regulatory requirements and changes.

Explore and consider avenues to not just meet but exceed these regulatory expectations. Continuous improvement should be the goal

Cultural shift and empowering colleagues

Communication on every level that Violence is not part of the job. Incorporate WPV prevention into the fabric of your organization

Encourage and empower colleagues to speak up and report when violence occurs and DEMONSTATE that your organization is taking action to address it.

Additional areas of focus and action items



Behavioral Emergency Response Teams (BERT)



Strong signage for all visitors regarding safety of colleagues as a key priority of the institution



Patient code of conduct policy



Metal detector use in the ED setting



Canine programs



Gun Violence prevention initiatives and training



Trinity Health

Impact from investing in Workforce Safety

TH Worker's Compensation Costs from WPV injury

CY	Lost Days	Total Cost
2020	2,502	\$3,093,240
2021	3,190	\$2,402,736
2022	2,956	\$1,496,822

51.6% reduction since program implementation.



Q & A