

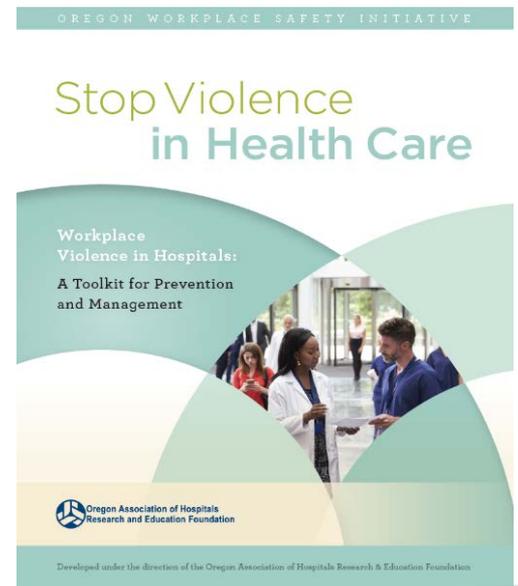
# The Oregon Workplace Violence Initiative

National Occupational Research Agenda- Third Decade (NORA 3)  
HCSA Sector Council Meeting August 2019

*Presented by*

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# Workplace Safety Initiative (WSI) – Background

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- In 2014 the Oregon Association for Hospitals and Health Care Systems (OAHHS) formed a work group with member hospitals, SEIU 49 and Oregon Nurses Association.
- Goal: To collaboratively address two of the leading causes of health care worker injury in Oregon
  - Work place violence and manual patient handling
- Eight volunteer hospitals on 10 pilots (5 sites on each issue)
- Variety of differences between hospital pilot sites
  - Level of established program, hospital facility size, region of the state
- Hospitals worked on pilots from fall 2015 to mid-2017

# WSI - General Objectives

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- Identify and implement **evidence-based programs** to reduce injuries from patient handling and workplace violence and foster **sustainable cultural change**.
- **Strengthen** relationships with partner organizations around health care worker and patient safety issues.
- **Disseminate** lessons learned and tools developed to all hospitals in Oregon to assist implementation of sustainable effective workplace safety programs.

# **WSI Project Process for Workplace Violence(WPV):**

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- **WSI project lead identified and team/committee formed at each facility**
- **Initial meeting with hospital contact and others/existing committees**
- **Process for data collection and analysis developed**
- **Gap analysis for WPV developed from published evidence-based best practices, relevant standards and regulations**

# WPV Project Process:

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- 1. Define the scope of hazards related to violence and the impact on the organization (what, where & cost) – All facilities**
    - a) Review existing policies and procedures**
    - b) Analyze incident, injury & cost data from 2012 to 2016**
    - c) Complete gap analysis of existing programs**
    - d) Conduct staff survey**
    - e) Conduct hazard analysis via facility walkthrough (ongoing)**
- 'b - e' are used to evaluate WPV programs after implementation**

# WPV Project Aggregate Injury Data Summary for 5 Hospitals

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- WPV in top 5 causes of reported incidents but few cases result in employee injury
- 0-6.6% of OSHA Recordable are related to WPV vs. all OSHA recordable injuries
- WPV accounted for 0-6.5% of lost time injuries
- Location of most injuries: Ed; Behavioral Health; Medical and/or Surgical units; ICU; (and Clinic at one facility)
- Perpetrator: 85%-100% - Patient
- Type of violence: 60-70% verbal

# WPV Project:

## WPV Staff Survey Questions

- Demographics
- Staff definition and frequency of workplace violence
- Frequency of exposure, types of violence and perpetrators
- Policy and procedures & management support
- Training
- Incident response
- Reporting
- Response post incident
- Violence prevention – Staff Ideas
- Home Health



# WPV Project Staff Survey: Themes



- 4 hospitals participated
- N = 1469 responses or 47% aggregate response rate
- **14 - 32.5%** of respondents thought that WPV had increased during the time they have worked at the facility
- **34 - 43.9%** of respondents thought the incidence of violence had not changed
- Respondents thought the following were the primary risk factors for violence at the facility:
  - Drugs and Alcohol and Mental illness
  - Organizational – wait times; financial; bullying, shift work, training related issues, communication, lack of security
- **12 - 29%** of respondents indicated that they see or experience violence at work weekly or monthly.

# WPV Project Staff Survey: Themes



- **79-88%** of WPV incidents experienced in the last year were verbal assaults and **42-53%** were physical assaults.
- About **50%** of the respondents said they participated in WPV training, but approx. **25%** felt that the training could be improved.
- Of those who said they have not attended training, **45-60%** stated they should receive violence prevention training.
- **78%** of respondents stated they know what to do when you witness or are involved in a workplace violence incident and that assistance would be provided when requested

# WPV Project Staff Survey: Themes

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- The primary reasons that would impact whether staff will report workplace violence incidents or not are:
1. Severity of the incident
  2. Condition of the patient
  3. Whether someone else reported the incident
  4. Fear of retaliation (by patient; family; visitor)
  5. The reporting procedure is unclear or time consuming
  6. Whether coworkers are supportive or not
  7. Which supervisor is on shift



# WPV Project Staff Survey: Themes



## *Staff Role in Prevention*

- When asked how they could contribute to decreasing the risk of violence in the workplace the main themes from respondents were:
  - Communicating and listening, using non-threatening presence and de-escalation
  - Be aware and alert
  - Attend training
  - Encourage reporting so there is a documentation trail
  - Request for security if this does not exist.
  - Cameras in ER hallway/parking lot; lock system or key card entry system added to the lab door; visitor limitation in ER
  
- **30-70%** of Home Health staff that responded were aware of the requirements of ORS 654.421 related to home health

# WPV Project Process:



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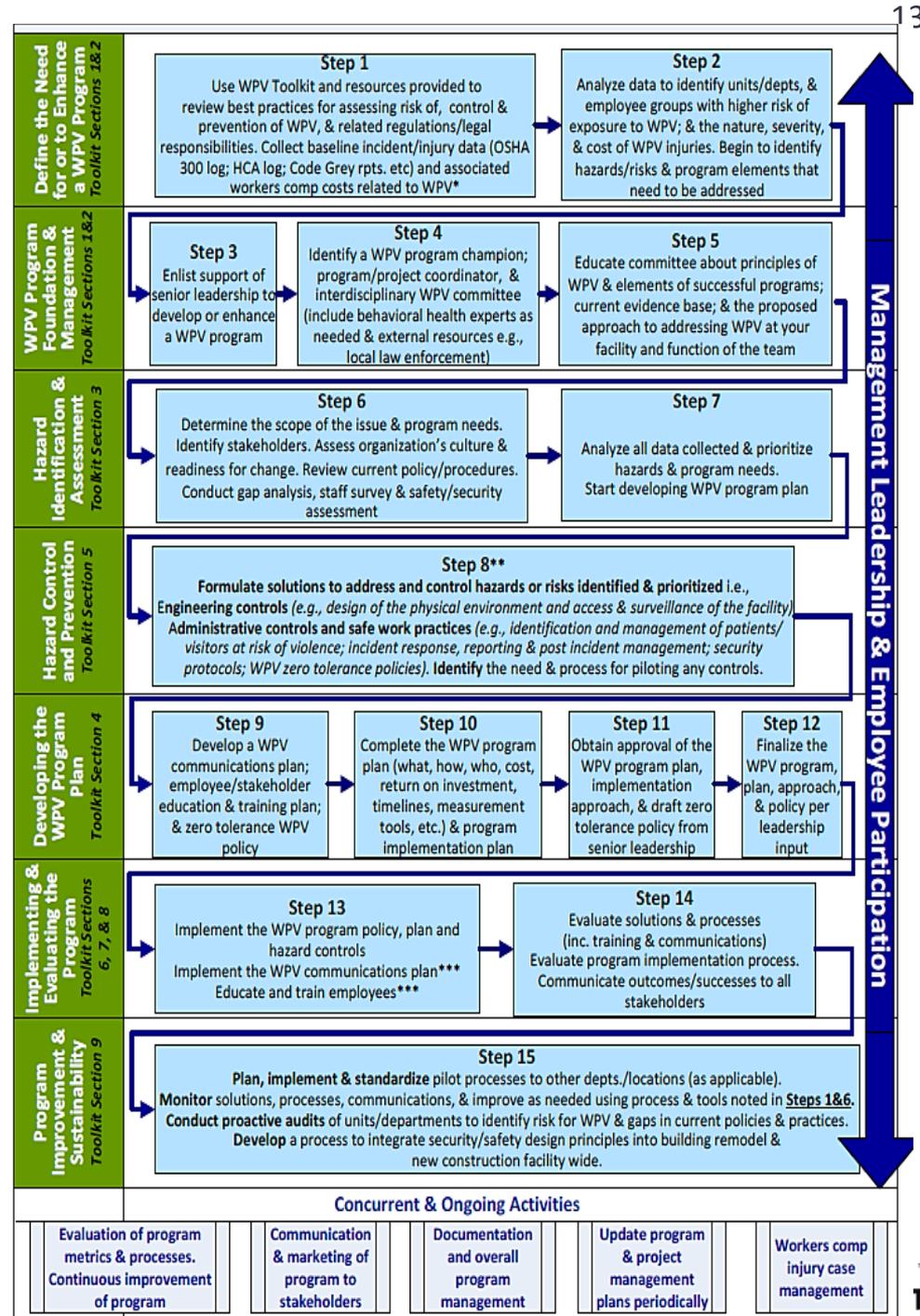
2. Identify best approach for program development based on all data collected
3. Obtain management approval & support of the plan
4. Develop program tools as needed
5. Implement the program including any pilot activities
6. Evaluate program process & outcomes
7. Roll out program to other units/tasks as applicable

# WPV Project Process

## Workplace Violence Prevention Program Development, Implementation & Evaluation

### Suggested Sequence of Activities

Source: WPV in Hospitals: A toolkit for prevention and managing WPV in health care. *Tool ii*



# Components of Sustainable WPV Programs in Health Care (*We Think!*)



## A. Management Leadership

*Ensuring Ownership and Accountability - Just Culture/HROs*

## B. Employee Participation

## C. Written Violence Prevention Policy

*Zero-Tolerance Policy*

## D. Program Management

I. **Violence Prevention Program Champion**

II. **Program Manager & Committee/Team**

III. **Program Plan**

## E. Communications/Social Marketing

## F. Hazard Identification/Assessment

- **Injury/Incident Data Analysis & Worker/Patient Surveys**
- **Gap Analysis**
- **Assessment of the Physical Work Environment and Practices**

*Multifaceted programs are more effective than any single intervention*

# Components of Sustainable WPV Programs in Health Care *(We Think!)*

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## **G.** Hazard Abatement *(Not all inclusive)*

### **I.** *Engineering Controls e.g.,*

- Controlled **access** to buildings
- Security/silenced **alarm** systems
- **Exit** routes including safe rooms for emergencies
- **Monitoring** systems and natural surveillance
- Improve **lighting** indoors and outdoors
- **Noise** barriers
- **Metal** detector systems
- **Barrier** protection to work areas
- **Design** of patient areas for de-escalation; comfort to reduce stress
- **Furniture**, materials and maintenance
- Travel **vehicles** are properly maintained; barriers are present

# Components of Sustainable WPV Programs in Health Care *(We Think!)*

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## **II. Administrative and Work Practice Controls**

- Hiring practices
- Incident Reporting
- Identifying and Tracking Patients/Visitors at High Risk for Violence
- Incident Response & Post Incident Procedures
- Incident Investigation
- Employees Working Alone or in Secure Areas
- Entry Procedures
- Transportation Procedures
- Security Personnel & Rounding

## **H. Education & Training**

## **I. Ongoing Program Evaluation & Proactive Hazard Prevention**

# WPV Project: Lessons Learned

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## Challenges

- **Staff turnover –**
  - **Leadership and committee members impacting project completion**
  - **Turnover in health care hugely impacts sustainability and management of these programs**
  
- **Competing priorities for budget, time and resources vs other non worker safety projects e.g.,**
  - **WPV security related equipment and personnel**
  - **Staff training (initial and ongoing)**
  - **Staff to provide training**
  - **Lack of internal expertise**



# WPV Project: Lessons Learned

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## Addressing the Challenges

- Executive commitment and mid-level management buy-in is imperative!
  - Improved education about the topic
  - Relevant data collection, analysis, and presentation
    - *(Don't rely solely on injury data)*
- Have a dedicated program manager and interdisciplinary team to facilitate the program.
- Spending time on understanding safety culture and program gaps
  - Identifying and prioritizing needs
  - Develop a program plan and a business case



# WPV Project: Lessons Learned

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## Addressing the Challenges

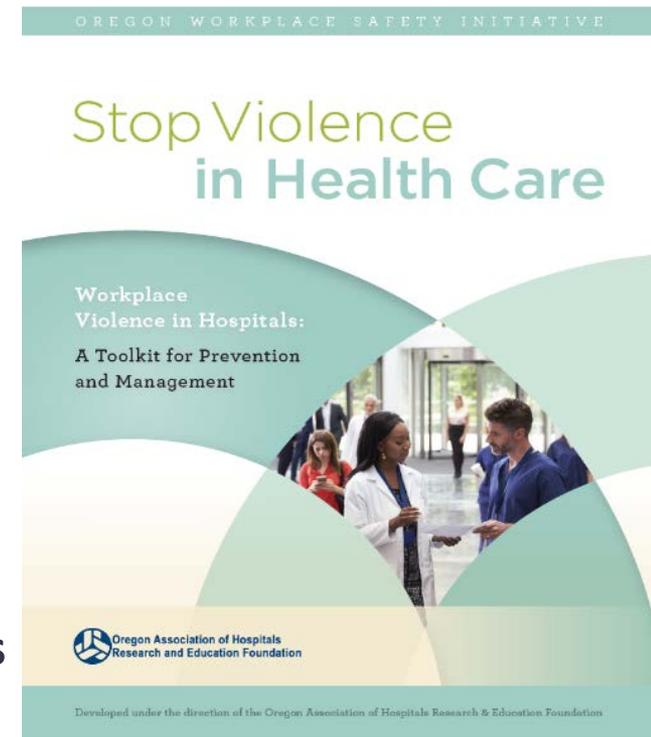
- Employee engagement...and reengagement
- Foster an active Workplace Violence Committee
- Program development cannot be 'forced' or 'rushed' – changing culture takes time
- Program efforts must be proactive and linked to organizational goals/mission etc.
- Well communicated policy including clear definition of WPV
- Ongoing customized training and education that is evaluated for effectiveness
- Consider WPV prevention in remodel and new build projects

# What Was Developed out of the Project?

- **A Toolkit for Prevention and Management of WPV**  
<https://www.oahhs.org/safety>

*Endorsed by:*

- Oregon Nurses Association
- Service Employee International Union – Local 49
- Oregon Medical Association
- Oregon Emergency Nurses Association
- Oregon Chapter of the American College of Emergency Physicians
- Northwest Organization of Nurse Executives
- Oregon Center for Nursing



**Recommended Resource by the Joint Commission**

# Purpose of the Toolkit

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- To assist health care leadership and violence prevention (VP) committees and other stakeholders to:
  - **Evaluate** the WPV program and individual program practices against **current best practices** in WPV prevention and management
  - **Identify and engage** stakeholders and **enhance the culture** of worker and patient safety
  - **Develop or strengthen** the WPV program plan and policy by identifying processes that can be implemented to identify and manage violence and can address the risk of violence proactively
  - **A suggested framework and strategies** to aid program implementation, evaluation and sustainability are also offered.

# What Makes This Toolkit Different & Valuable?

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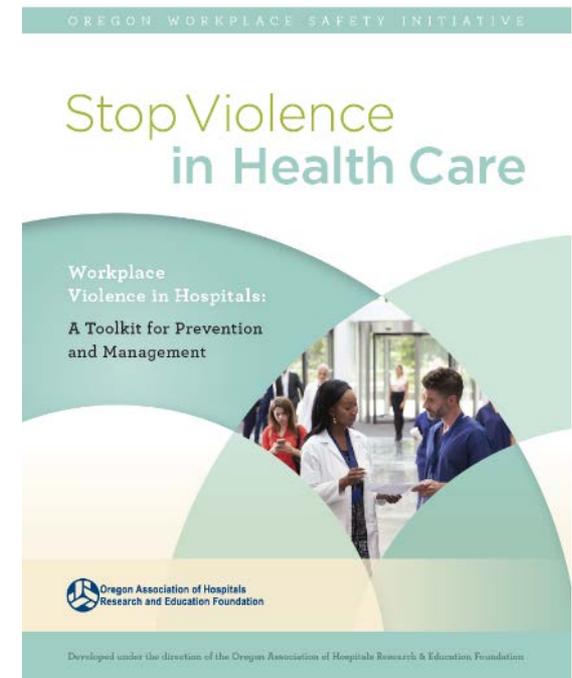
- Provides new tools that have been developed and trialed by Oregon rural hospitals
- Provides a roadmap of all program elements that are needed to implement comprehensive programs
- Includes related resources in one location
- Adds to the body of information about each topic
- Facilitates sharing of best practices and reduce the need to 'reinvent the wheel'

# Toolkit Structure

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## Structure for the Toolkit

- **Web-based**
- **Chapter for each program topic with:**
  - **Brief overview of topic and instructions for how to use tool(s) provided**
  - **References**
  - **Other external resources**
- **Tools provided in PDF and MSWORD and/or MS Excel**
- **Lessons learned incorporated throughout the toolkits**



# Toolkit Contents

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## *Contents/Topic*

Background re WSI project and Introduction to the Toolkit

- 1.** Understanding WPV in Health Care
- 2.** Getting Started
- 3.** Hazard Identification & Assessment
- 4.** Developing the WPV Program Plan
- 5.** Hazard Control and Prevention
- 6.** Education and Training
- 7.** Implementing the Program
- 8.** Evaluating the Program
- 9.** Program Improvement & Sustainability
- 10.** Additional Resources

# Key Tools in the Toolkit

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- Spreadsheet for analyzing direct and indirect injury costs
- Gap analysis tool
- Employee WPV survey & reports
- Safety and security assessment checklist
- Communications plan
- Project management tools
- WPV Risk for WPV Patient Assessment Tool
- WPV Incident report
- Education and Training plan
- Program Measurement Plan
- WPV policy sample & program plan summary template
- Template WPV committee charter

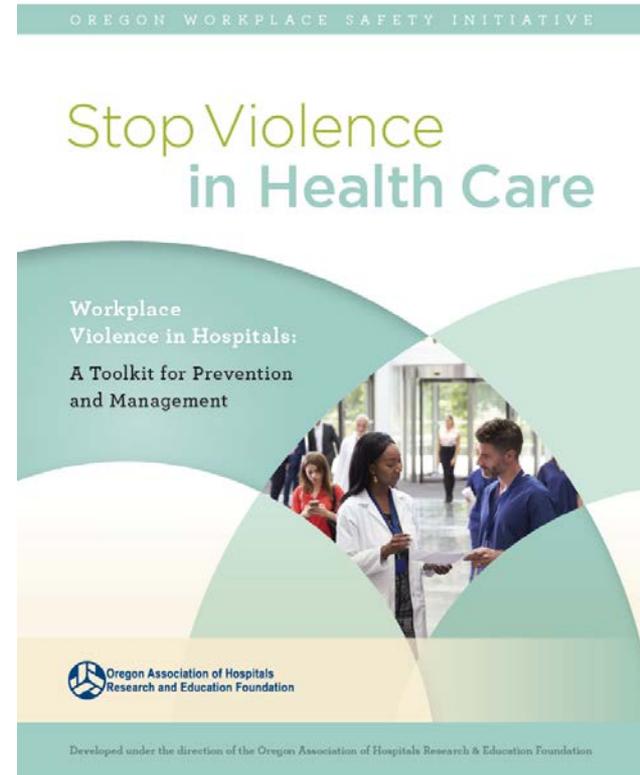
# Toolkit & Resources

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## Workplace Violence Prevention Toolkit

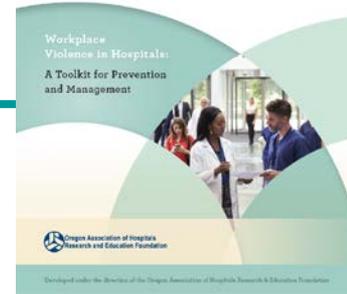
<https://www.oahhs.org/safety>

Webinar on the OAHHS WSI WPV Project at [www.hcergo.org](http://www.hcergo.org)



# Toolkit & Resources

OREGON WORKPLACE SAFETY INITIATIVE  
Stop Violence  
in Health Care

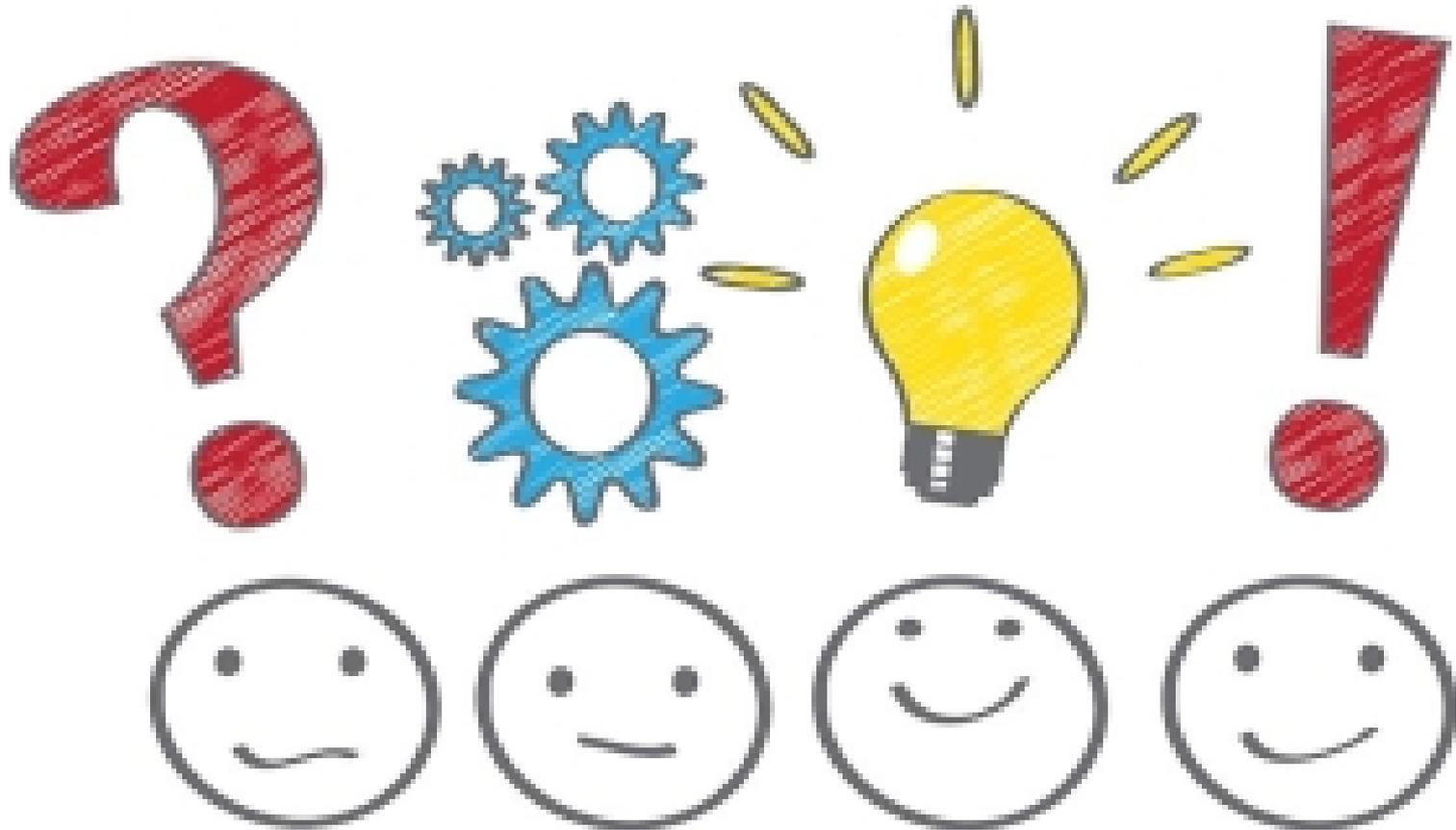


Since publication of the Toolkit:

- **WPV Workshops offered:**
  - Throughout Oregon Fall 2018 – 95% of OR hospitals attended
  - Throughout Missouri – June 2019
  - In WA – Fall 2019 and Alaska Spring 2020
  
- Numerous presentations made in the NW and at national conferences including the:
  - [2019 Spring Symposia on Workplace Aggression](#)** - Oregon Institute of Occupational Health Sciences and Oregon Healthy Workforce Center
  - Podcast at **<https://www.ohsu.edu/oregon-institute-occupational-health-sciences/workplace-aggression-0>**
  
- Toolkit will be updated later this year as part of a collaborative process between OR, WA and AK hospital associations

# Thank You

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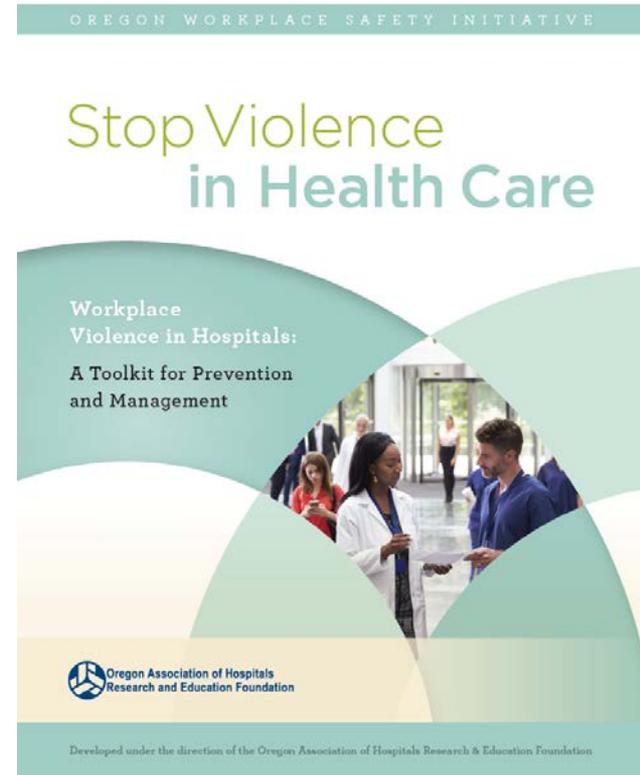
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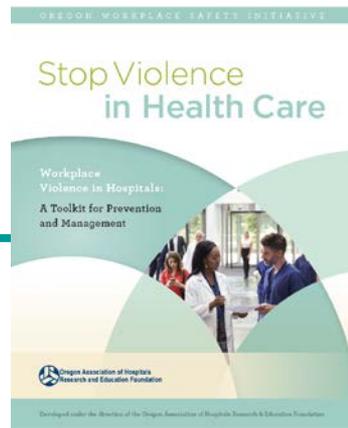
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