The Oregon Workplace Violence Initiative

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

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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

- 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):

- 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
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

- 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.
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:

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!)*

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!)

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

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
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

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

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?

- 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

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

**Contents/Topic**

- Background re WSI project and Introduction to the Toolkit
- Understanding WPV in Health Care
- Getting Started
- Hazard Identification & Assessment
- Developing the WPV Program Plan
- Hazard Control and Prevention
- Education and Training
- Implementing the Program
- Evaluating the Program
- Program Improvement & Sustainability
- Additional Resources
Key Tools in the Toolkit

- 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

Workplace Violence Prevention Toolkit
https://www.oahhs.org/safety

Webinar on the OAHHS WSI WPV Project at www.hcergo.org
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](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
Toolkit & Resources

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