

# Prevention Violence in the Workplace – What Have We Learned So Far?

*OIOHS Workplace Aggression Symposium 2019*

*Presented by*

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## Home



## Scotland



## Australia

## Defining Work Place Violence (WPV)

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- OSHA defines workplace violence as any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. It ranges from threats and verbal abuse to physical assaults (e.g. hitting, kicking, biting, shoving, stabbing, sexual assault etc.) and even homicide.
- Acts of workplace violence can be perpetrated by staff, patients, visitors, customers, vendors or others.
- Workplace violence also includes acts of violence by individuals with cognitive impairments, mental illness, or brain injury. The perpetrator's inability to form "intent" is not a reason to not label behavior as violent.

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## Defining Work Place Violence

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- Type I (Criminal Intent): Results while a criminal activity (e.g., robbery) is being committed and the perpetrator has no legitimate relationship to the workplace.
- Type II (Customer/client): The perpetrator is a customer or client at the workplace (e.g., health care patient) and becomes violent while being served by the worker.
- Type III (Worker-on-Worker): Employees or past employees of the workplace are the perpetrators.
- Type IV (Personal Relationship): The perpetrator usually has a personal relationship with an employee (e.g., domestic violence in the workplace).

(NIOSH, 2013)

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## WPV Related Fatalities 2011-2017

### ➤ All US industries private and government

- 3131 fatalities due to homicide
- Average/year: 447      Range 404-500/year

<https://www.bls.gov/iif/oshcfoi1.htm>

### ➤ Oregon

- 55 fatalities - Violence and other injuries by persons
- Average/year: 8      Range 4-12/year

<https://www.bls.gov/iif/oshstate.htm#OR>

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## WPV - Non Fatal Injuries 2017

### ➤ Intentional injury by other person

### ➤ Injuries and illnesses involving days away from work rates per 10,000 workers

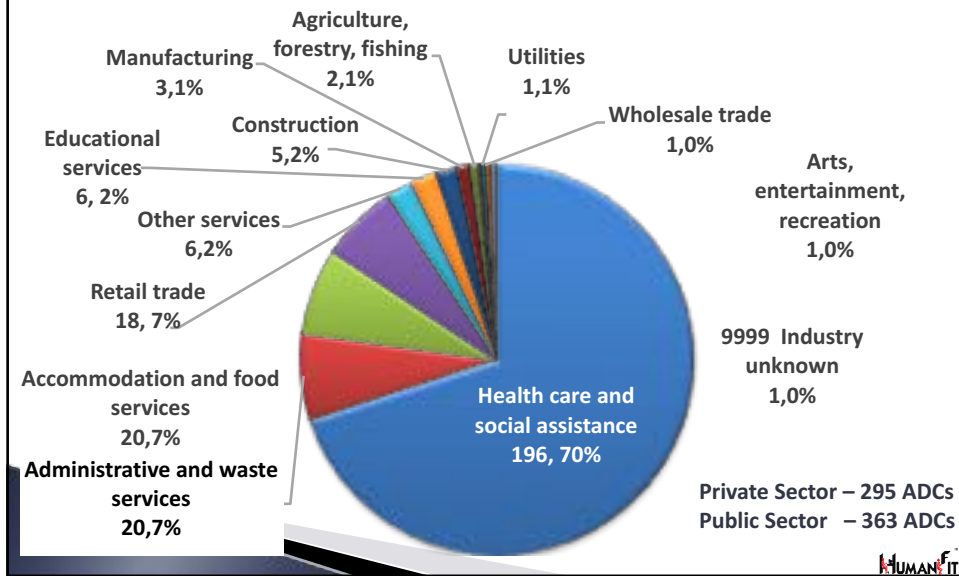
Industry	Rate
Health care and social assistance	9.1
Educational services	5.0
Real estate and rental and leasing	2.4
Transportation and warehousing	1.0
Administrative and waste services	1.0

- Health Care and Education Services steady increase since 2011
- Frequency by age: 20-24 years
- 70% of assaulted related injuries involved females

Source: National Safety Council

<https://injuryfacts.nsc.org/work/safety-topics/assault/data-details/>

## WPV - Assault Oregon 2017 Accepted Disabling Claims (ADCs) by Industry Type - Private Sector



## WPV - Assault Oregon 2017 ADCs – Private Sector



- 2017 Non fatal assault or violent act = 3.1% of all accepted disabling claims (ADCs) in all industries
- Health Care & Social Services (70% of all ADCs) - Private
  - 46% - nursing and residential care
  - 29% - private hospitals
  - 8% - ambulatory health care services
- Majority claims - nurses aides, orderlies, attendants, nurses
- Perpetrator - mostly patients
- Most common event: Hitting, kicking, beating, shoving – 84%

Source: <https://www.oregon.gov/dcbs/reports/Pages/index.aspx>

## WPV in Health Care

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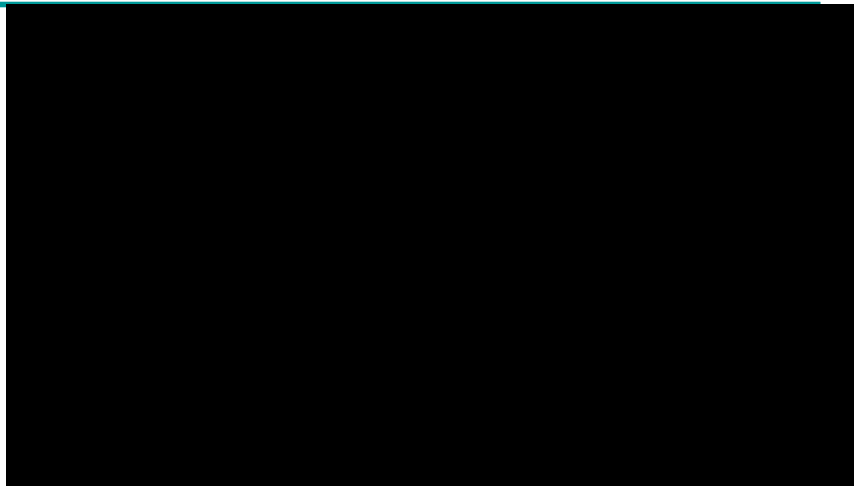
- Healthcare & social assistance workers are nearly **five times** more likely to be injured & require time away from work as a result of WPV (OSHA, 2016)
- Highest rates of WPV usually in the ED & Behavioral Health, but also the ICU and Med-Surg
- Some professionals more at risk
- Perpetrator mostly the patient (verbal & physical abuse)
- Active Shooter events rare - Between 2000 and 2015, 241 shootings with injury either inside a hospital or on the grounds
- Lack of data about WPV in health care in non-hospital settings
- High level of underreporting

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## WPV in Health Care

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Help Us Help You – Violence and aggression are unacceptable  
Royal Melbourne Hospital, Australia

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## The Cost of WPV to Employers

### Direct Costs

(Largely Workers Comp)

### Indirect Costs

(e.g., temp and permanent staff replacement costs)

### Operational Losses/Costs

- Impact of psychological stress, PTSD, burnout, presenteeism, etc.
  - Increased sick leave & staff turnover
  - Reduced quality of care/service
  - Decreased efficiency
  - ‘Human’ error & accidents
- Increased
  - Insurance costs
  - Property damage
  - Litigation
  - Security needs – personnel; equipment; modifying facility design
  - Regulatory noncompliance

## The Cost of WPV to Employees

- Death
- Physical injury & disability
- Psychological stress e.g., PTSD
- Bullying is associated with:
  - Poor mental health
    - Low self-esteem, hostility, nervousness, hypersensitivity, anxiety, irritability, depression and social isolation
  - Physical symptoms include loss of strength, chronic fatigue, sleeplessness, and stroke and even suicide
  - Decrease in cognitive abilities leading to impaired clinical judgement

## WPV Legislation & Standards - Oregon



- OSHA – General Duty Clause
- ORS 654. 412 to 654.423 - Workplace Violence Against Health Care Employees or “Safety of Health Care Employees” (*Intentional Assault*)
- 2019 Senate Bill 823 amendment to ORS 654. 412 to 654.423
- ORS 163.165 – Felony for intentionally assaulting EMS workers, highway workers and taxi drivers
- OAR Division 60 (OAR 259-060:0005-0600) ‘Private security Services Providers Rules’

## WPV Legislation & Standards

- Joint Commission has made WPV a priority
  - Standard EC.02.01.01 The hospital manages safety and security risks. Elements of Performance for EC.02.01.01 A
  - *Sentinel Event (Alert 59) March 2018*
- DNV GL Healthcare USA, Inc.
- Dec 2016 - April 2017 Fed OSHA Request for information
- Feb 2019 - Workplace Violence Prevention for Health Care and Social Service Workers Act HR 1309 and S.851
  - <https://www.congress.gov/bill/116th-congress/senate-bill/851>
- NFPA 3000™ Standard for an Active Shooter/Hostile Event Response (ASHER) Program

## Why WPV Occurs

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### ➤ Clinical Risk Factors e.g.

- Substance abuse & mental illness
- Alzheimer's disease
- History of violence/aggression
- Neurological trauma – brain injury
- Reaction to medical treatment



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## Why WPV Occurs

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### ➤ Social and Economic Risk Factors e.g.,

- Financial stress
- Access to firearms and other weapons
- Communities with high crime rates/gang activity
- Domestic violence
- Ethnic conflict

### ➤ "Revolving Door" Syndrome

- There is a vicious cycle that sometimes links workplace violence, psychiatric treatment, and the "revolving door":

CDC/NIOSH, 2012

<http://www.cdc.gov/niosh/topics/healthcare/default.html>

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## Why WPV Occurs

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### ➤ Environmental Risk Factors e.g.

- Noise
- Crowded waiting areas
- Unrestricted movement of the public
- Poorly lit areas
- Availability of furniture/items that can be weaponized
- Inadequate security
- Poor workspace design e.g. no easy egress or shelter in place

## Why WPV Occurs

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### ➤ Organizational Risk Factors e.g.

- |  |                                      |
|--|--------------------------------------|
| ◦ Long wait times                        | ◦ Job demands and control            |
| ◦ Interpersonal communication with staff | ◦ Transporting patients and clients  |
| ◦ Shifts and hours worked                | ◦ Working alone                      |
| ◦ Staffing and high worker turnover      | ◦ Working with cash and/or narcotics |
| ◦ Skill mix                              | ◦ Manual patient handling            |



## Why WPV Occurs

### ➤ Organizational Risk Factors e.g.

- Leadership style
- Organizational volatility and hierarchy
- Intense focus of healthcare organizations on customer service
- Lack of
  - Systems approach to services provided (silos) and safety
  - Policies for preventing and managing WPV
  - Staff training

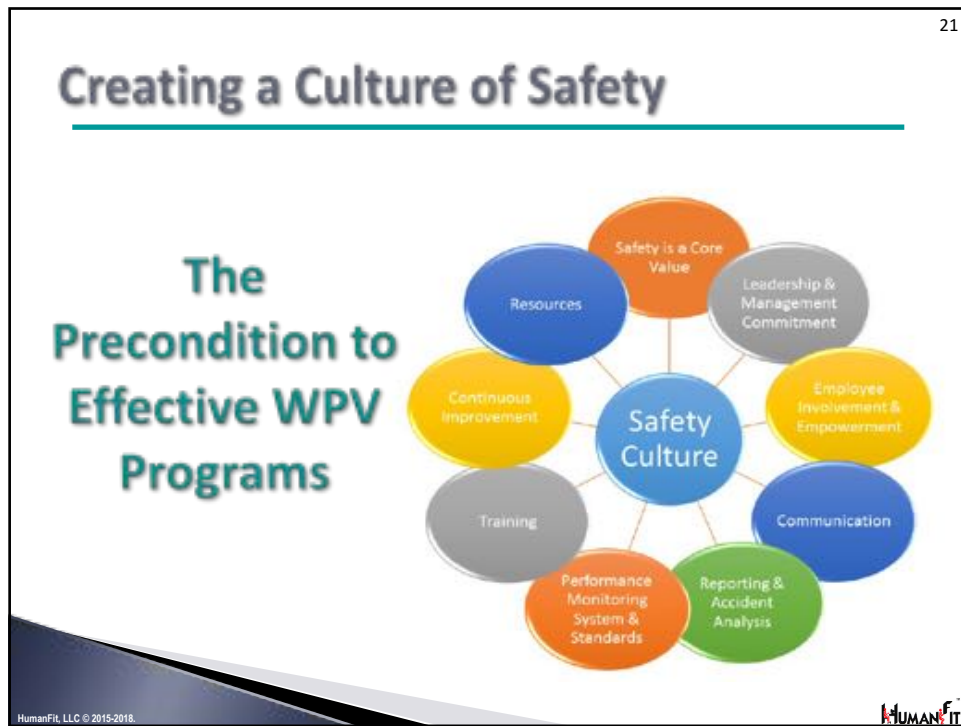
## Organizational Risk Factors

### ➤ Barriers to Reporting WPV

- The severity of the incident
- Whether someone else reported the incident
- The condition of the patient
- Fear of retaliation
- Perception of what is 'violence' by workers
- No clear policy
- Complicated reporting process
- Poor management response, stigma by coworkers, normalizing
- Response by law enforcement and the legal system

**Expectation that WPV/assault is "part of job"**





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## Joy and Meaning of Work and Worker Safety

- **Meaning:** The sense of importance of an action
- **Joy:** The emotion of pleasure, feeling of success, and satisfaction as a result of meaningful action
- **Workforce Safety:** Physical and psychological freedom from harm, neglect, and disrespect – a precondition to Joy and Meaning

National Patient Safety Foundation 2013

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## To Find Joy and Meaning in Daily Work

Workers should be able to answer 'Yes' ask the following:

1. Am I treated with dignity and respect by everyone, every day, in each encounter, without regard to race, ethnicity, nationality, gender, religious belief, sexual orientation, title, pay grade, or number of degrees?
2. Do I have what I need: education, training, tools, financial support, encouragement, so I can make a contribution to this organization that gives meaning to my life?
3. Am I recognized and thanked for what I do?

National Patient Safety Foundation 2013

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## Actions to Advance Joy and Meaning in a Workforce

1. Establish a goal of zero harm (physical and psychological) for your workforce.
2. Create a learning system in which every member of your workforce learns, understands, and demonstrates respect and safe behaviors with a commitment to 100% compliance
3. Create a real-time, transparent, timely measurement system to measure physical and psychological harm.
4. Create a multidisciplinary, reliable process for responding to physical and psychological harm involving all relevant departments and disciplines (Patient Safety, Risk Management, Quality, Occupational Health, Employee Assistance, Human Resources, Clinical Leadership, and others).

IHI Framework for Improving Joy in Work. IHI White Paper  
<http://www.ihi.org/Topics/Joy-In-Work/Pages/default.aspx>

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## Dimensions of Joy in Work



Shanafelt T, Noseworthy J, Executive Leadership and Physician Well-being. Mayo Clinic Proceedings, Volume 92, Issue 1, Pages 129-146 (January 2017)/Balik, IHI 2017

## Total Worker Health & WPV Prevention

### Defining Elements of Total Worker Health

1. Demonstrate leadership commitment to worker safety and health at all levels of the organization
2. Design work to eliminate or reduce safety and health hazards and promote worker well-being
3. Promote and support worker engagement throughout program design and implementation
4. Ensure confidentiality and privacy of workers
5. Integrate relevant systems to advance worker well-being.

NIOSH, 2016

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## Components of Sustainable WPV Programs

### Program Foundation and Management


- A.** Management Leadership  
*Ensuring Ownership and Accountability - Just Culture/HROs*
- B.** Employee Participation
- C.** Written Policies
- D.** Program Management
  - Program Champion
  - Program Manager & Committee/Team
  - Program Plan
- E.** Communications/Social Marketing
- F.** Hazard Identification/Assessment
  - Injury/Incident Data Analysis & Worker/Client Surveys
  - Gap Analysis
  - Assessment of the Physical Work Environment and Practices

*Multifaceted programs are more effective than any single intervention*

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## Sustainable & Effective WPV Programs

### Management Leadership


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#### Facility Culture and Accountability

- **Senior Leadership**
  - Has knowledge about WPV and their role and responsibilities within the WPV program
  - Declares violence prevention a priority.
  - Communicates and demonstrates to employees that worker safety and security are as important as patient safety.
  - Aligns WPV efforts with quality and safety plans
  - Facility leaders assign responsibility and accountability for the implementation and maintenance of the program.

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## Sustainable & Effective WPV Programs

### Management Leadership


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#### Facility Culture and Accountability

- A comprehensive workplace WPV policy is developed, communicated, implemented & evaluated
- *Ongoing resources (e.g., time, materials, funding) are provided for:*
  - Identifying and mitigating hazards and risks
  - A facility champion & project coordinator
  - WPV committee
  - Effective worker training
  - On-going evaluation and maintenance of the program
  - Proactive facilities design
- Front line caregivers are engaged in devising the solutions to a safer workplace and their efforts are recognized

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## Sustainable & Effective WPV Programs

### Management Leadership

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#### Facility Leaders Set Clear Safety Goals & Expectations

- Employees are aware that violence is not an accepted part of their job
- Patients/visitors are made aware that violence will not be accepted
- Roles and responsibilities of all employees within the WPV program are clearly communicate

## Sustainable & Effective WPV Programs

### Management Leadership

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#### Facility Leaders Set Clear Safety Goals & Expectations

- Expectations for reporting all incidents of WPV are clearly communicated and a user-friendly process for reporting is provided
- Leadership supports the reporting of all acts of violence or threats of violence
- Employees are informed of what actions are being taken after events to prevent future violence



## Sustainable & Effective WPV Programs

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### Employee Participation

#### Ongoing Worker Engagement or Reengagement

Participation in:

1. The safety/violence prevention planning process
2. Identifying safety/violence related hazards
3. Reporting an injury, hazard, or concern, including near misses
4. Identifying safety solutions, WPV safety equipment and processes
5. WPV/safety audits & walkthroughs
6. Education and training



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## Sustainable & Effective WPV Programs

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### Employee Involvement

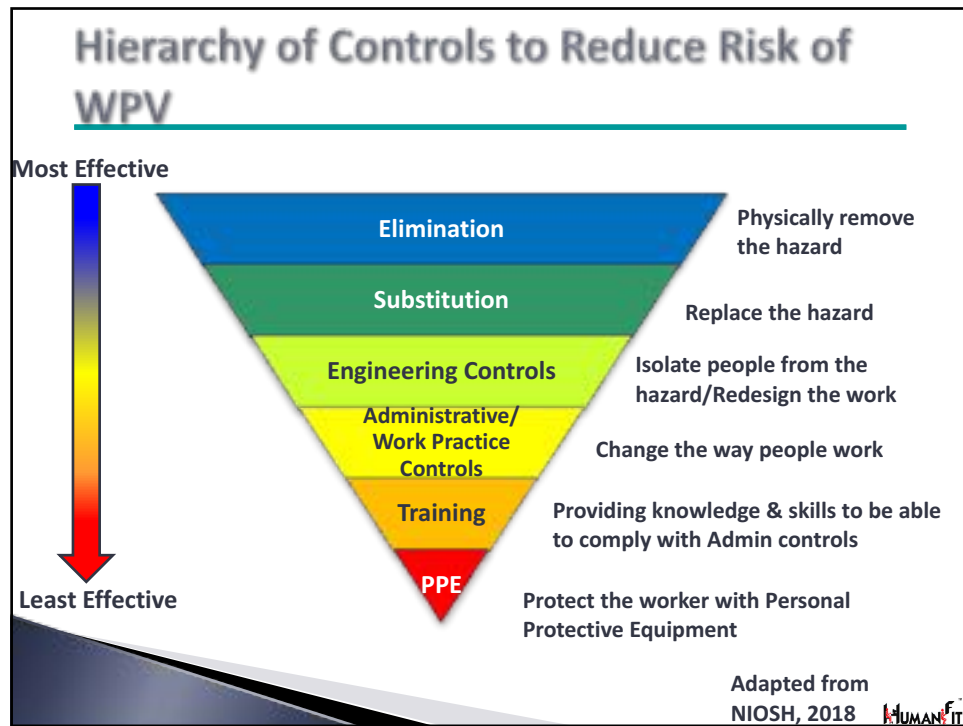
#### Ongoing Worker Engagement or Reengagement

Participation in:

7. Safety champion/coaching programs
8. 'Safety' huddles for training, feedback and kudos
9. Executive/management rounding
10. Security/physical safety considerations in new building or remodeling projects
11. Evaluating and updating the program
12. Participating in the WPV committee



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## Components of Sustainable WPV Programs

**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



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## Components of Sustainable WPV Programs

### **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



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## Components of Sustainable WPV Programs

### **H. Education & Training**

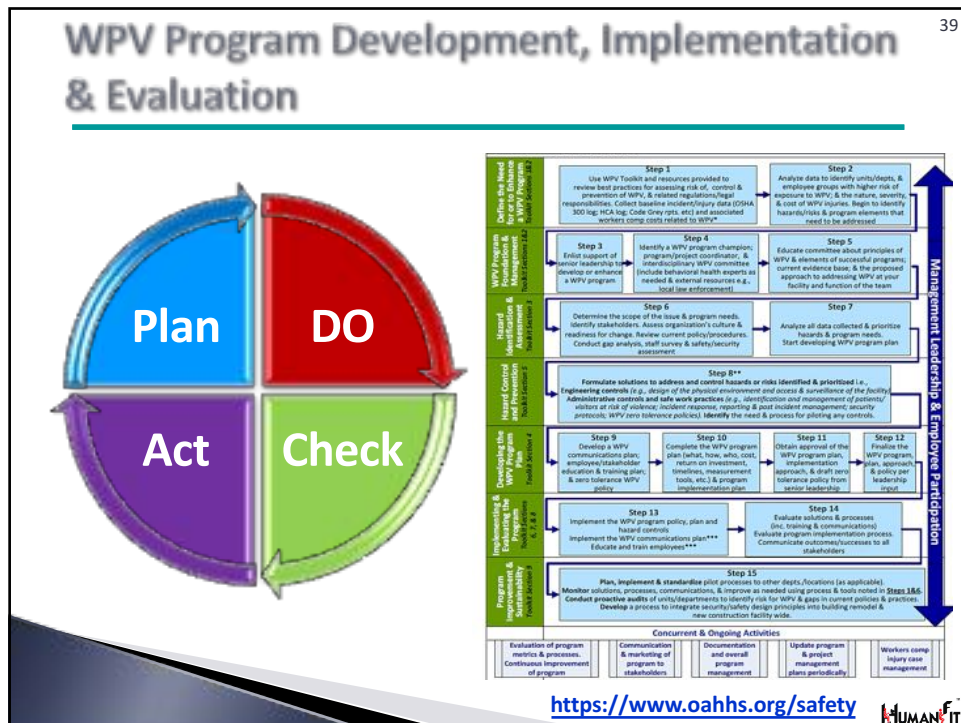
- Tailored to staff groups/disciplines & stratified risk levels related to work roles within the organization
- Have clearly defined goals with measurable outcomes
- Measure effectiveness of training (can and do staff use skills taught)

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

### **J. Processes to improve the patient or client experience**



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## Tips for Success (For Any Program!)

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- Have a plan, set measurable goals and evaluate them often
- Use economic modeling to show program return on investment
- Start small, test pilot and demonstrate successes
- Choose evidence-based interventions and use existing resources.....*don't reinvent the wheel*
- Don't forget to involve all stakeholders including patients & families
- Plan for program sustainability & to using proactive measures
- Maintain management support and employee engagement
- Market & communicate the program and your successes
- **Treat patient and employee safety with equal emphasis**

Be determined in achieving your goals...

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## Resources

Workplace Violence Prevention Toolkit for Health Care

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

State of Oregon- DAS Risk Consulting Unit and State Agency Interest Group

<https://www.oregon.gov/das/Risk/Documents/WPVToolkit.pdf>

Violence in the workplace: OSHA/OR OSHA/NIOSH

<https://www.osha.gov/SLTC/workplaceviolence/>

<https://osha.oregon.gov/Pages/topics/violence-in-the-workplace.aspx>

<https://www.cdc.gov/niosh/topics/violence/default.html>

CPWR (construction) – Safety Climate Assessment Tool – S-CAT

[www.safetyclimateassessment.org](http://www.safetyclimateassessment.org)

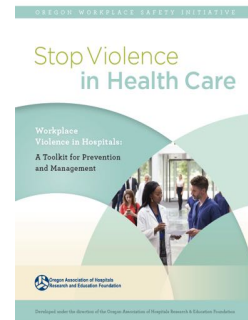
Institute for Healthcare Improvement

IHI/NPSF: Leading a Culture of Safety: A Blueprint for Success

<http://www.ihl.org/resources/Pages/Publications/Leading-a-Culture-of-Safety-A-Blueprint-for-Success.aspx>

Workplace Violence Prevention Resources for Health Care

[https://www.jointcommission.org/workplace\\_violence.aspx](https://www.jointcommission.org/workplace_violence.aspx)



## Thank You

