WE DIDN'T SIGN UP FOR THIS!
Patient to Staff Aggression

PACAH FALL CONFERENCE - 2019

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Objectives

- Identify the types of healthcare violence.
- Discuss the reasons for the persistent tolerance for aggression in health care
- Discuss the impact of violence on the organization.
- Describe the strategies that can work to reduce and/or prevent healthcare violence.

Over One In Four…

- 26.2% of adults and 8% of adolescents. *Prevalence of Mental Illness in the US: Data Sources and Estimates, Congressional Research Service, published January 2018.*

National Organizations Speak Out

- OSHA
- The Joint Commission
- Emergency Nurses Association
- American Nurses Association
- American Association of Critical Care Nurses
- International Council of Nurses
- American Medical Association
- American Society for Healthcare Risk Management

- Type 1 – Criminal Intent
- Type 2 – Customer/Client/Patients
- Type 3 – Co-worker
- Type 4 – Personal

Healthcare Violence

- 75% of workplace assaults occur in healthcare and social service settings. *OSHA*
- 2012-2015: 83% of all aggression in healthcare was Type II. 2016 International Association for Healthcare Security and Safety
- 40%-75% of nurses/technicians experience violence
- In 2013, inpatient healthcare workers: WPV injuries - time off rate 5 times higher than private sector workers. *2016 GAO published analysis*

Healthcare Violence Data

- Is deceiving
- Historically weak in aggression data collection
- Often data are nonexistent
- Data usually only related to staff/patient injury
- If no injury, feeling that information is deemed not important to merit attention/resources

Persistence of Healthcare Violence

- A weak/nonexistent policy
- Inadequate employee acquisition, supervision, and retention practices
- Inadequate training on violence prevention
- No clearly defined rules of conduct for patients/visitors
- A nonexistent/weak mechanism for reporting
- Failure to take immediate action

Other Industries: Less Aggression

- Known/expected culture
- People keep their distance/space
- Prepared with distractions
- Don’t go there if they are sick or in pain
- Immediate response to disruption
- Presence of Security
- Risk of legal consequences

Difference with Healthcare

Patients

- Generally don't want to be there/anxious
- Walk in sick and/or hurting
- Are often physically touched by strangers
- Treatment can cause pain and discomfort
- Anxiety over care and outcomes
- Exhibiting acute behavioral symptoms

Staff

- Chalk up bad behavior to the persons situation
- Not just managing patients - Family too!
- Cannot simply refuse care/discharge

Risk Factors for Aggression/Violence

- Alcohol/Drugs/Psych
- High levels of stress
- Inappropriate staff attitudes
- Long waits for service
- Lack of training
- Limits on drink/food consumption
- Lack of TX options
- Difference in language/culture
- Access to guns
- Lack of staff
- Poor environmental design
- Unrestricted movement
- Poorly lit areas
- Inadequate Security

Costs of Inaction

- Property damage
- Human Resources: Increased Security, Overtime, hiring of temps, effects on recruitment and retention
- Media/public relations risk
- Workers' compensation claims
- Litigation for unsafe work environment and harm to staff or others

60:1 ratio of cost in terms of aftermath vs. prevention

Some estimate inaction at 100 times more costly

Impact on Staff

- Loss of self esteem and confidence
- Loss of trust of professional abilities/expertise
- Job dissatisfaction
- Elevated stress levels (PTSD)
- Feelings of anger, fear, depression, guilt
- Trauma
- Death

Contributing Clinical Factors

- We do not name workplace violence, even if someone is cognitively impaired
- Lack of competency
- Lack of assessment/reassessment
- Inadequate search practices

Organizational Costs

- Increased turnover/absenteeism
- Property damage
- Need for increased Security
- Overtime or hiring temps
- Effects on recruitment/retention
- Workers' compensation claims
- Litigation for unsafe work environment

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Strategies for Risk Mitigation


Prevention
is the best
Treatment

Culture: Zero Tolerance vs. Intolerance

- The most severe punishment possible to every person
- Forbids discretion or changing punishments to fit the circumstances
- Pre-determined punishment regardless of circumstances
- Punishment, whether mild or severe, is always meted out

- The quality or state of being intolerant
- Exceptional sensitivity
- Does not dictate/outline pre-set punishment
- Allows for discretion by authorities

Culture of Intolerance

- Aggressive/violent behavior is not tolerated (including lateral/vertical/horizontal violence)
- Even minor aggression is attended to
- No weapon signs at Main entrance and the ED
- Protocols for managing escalation
- Continuous reinforcement by Managers/Supervisors
- Possible termination of patient relationship
- Notification of law enforcement

Aggression: Name the Behavior

Call it what it is - REGARDLESS of the level or etiology

Culture Begins at the Door

Did you know that healthcare has the highest rate of workplace violence than any other industry?

Welcome to our hospital. We expect that all staff, patients, and visitors are respectful and non-disruptive while in our facility.

Thank you for helping to keep

everyone safe.

Leadership Staff Safety Rounds

"Patients have more rights than us!"

- Patient safety and staff safety are intricately linked
- Leaders must walk the talk and demonstrate commitment to staff safety
- Allow staff an opportunity to give feedback
- Provide reinforcement for aggression mitigation practices
- Reinforce incident reporting
- Enable leaders to identify ongoing risk mitigation strategies

Assessment and Reassessment

Common root cause of violence is the lack of or inadequate assessment *TJC Evaluation of 145 sentinel events between 2013-2015*

- Assess all patients for aggression/history of trauma, substance use, and psychiatric conditions
- Routinely assess patients for signs of anxiety/agitation
- Utilize behavioral clinicians
- Flag the EMR for aggression

Have Protocols for Low Level Aggression and Intervene

EARLY!

Interventions

- Work to understand the underlying cause
- Meet the patient's need as much as possible
- Provide clinical intervention
- Set clear limits in a calm/directive manner
- Engage supervisor/manager at the lowest level
- Modify treatment plan
- Implement standardized strategies
- Patient agreements for behavior

Debrief All Aggression Events

Debriefing Culture

Risk mitigation technique used by high reliability organizations

- Routine
- Constructive
- Non-blaming
- Remove barriers ("part of the job" thinking, lack of time or support)
- Promotes new learning of staff
- Identifies improvement opportunities

Establish a Behavioral Rapid Response Team

- Could be a team or one person with competency on site
- Staff initiate contact when low levels of intervention is not effective
- Person(s) work with the staff to de-escalate and provide “just in time learning/training”.
- Team can reinforce contacting Provider for additional intervention

Staff Competency

- Orientation of all staff in de-escalation techniques
- Protocols for aggression management
- Aggression/violence assessment
- Non-violent crisis intervention: Security, and staff that routinely work with aggression/agitation
- Restraint training
- Workplace violence program

Environment of Care

- Conduct an EOC risk assessment for safety and security
- Secure items of harm at nursing stations
- Bedroom/dining room environmental safety for those at risk for aggression (i.e. glass, metal, furniture)

Provide Diversions

- Critical in reducing anxiety and agitation
- Cell phones, I-pads, computers
- Music
- Activity Cart: cards, coloring books, jigsaw puzzles, etc.

Enhance the Culture of Reporting

Workplace Violence Incident Report Form

Date of Incident | Time

Date reported

Location of incident

Description of incident or Threat (use additional paper if necessary)

Name of Perpetrator (if known)

Perpetrator's Relationship to County (if known)

Weapons involved: Yes / No / If yes, specify:

Name of victim

Department | Phone:

Injuries: Yes / No / If Yes, specify:

Witness(es) (include witness written statement) | Department

Phone

Law Enforcement Notified: Yes / No /

If Yes, Name of Agency and Report Number:

Property Damage: Yes / No / If Yes, specify:

Corrective Action(s) Taken: (Use additional paper if necessary)

Recommended Corrective Action(s) (use additional paper if necessary)

Provided Employee Assistance Program information: Yes / No /

Department Representative who completed this form | Phone

Data Collection/Analysis

- Analyze collected data for trends
- Incident reports
- Security log data
- OSHA logs
- Worker's Compensation
- Employee surveys
- Huddles/debriefings

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Weapons involved: Yes ☐ No ☐ If yes, specify:

Name of victim:
Department: Phone:
Injuries: Yes ☐ No ☐ If Yes, specify:

Witness(es) Include witness written statement: Department:
Phone:

Law Enforcement Notified: Yes ☐ No ☐
If Yes, Name of Agency and Report Number:
Property Damage: Yes ☐ No ☐ If Yes, specify:

Corrective Action(s) Taken: (Use additional paper if necessary)

Recommended Corrective Action(s) (use additional paper if necessary):

Provided Employee Assistance Program information: Yes ☐ No ☐

Department Representative who completed this form: Phone:

Post Event Support for Staff

- Provide comfort and peer support
- Debrief with staff involved
- Referrals for staff to appropriate resources
- Frequent check in's with staff while on leave

Establish a Workplace Violence Prevention Program

- Conduct a risk assessment of the organization
- Evaluate current safety/security measures
- Involve/survey employees
- Review reports/minutes on safety/security
- Evaluate implemented strategies for effectiveness

Additional Mitigation Strategies

- Adequate staffing
- Emergency/duress communication systems for high risk patient areas
- Protective gear

Leadership Commitment

- Assessment of the organization
- Allocate appropriate authority and resources
- Endorsement and visible involvement
- Demonstrate sincere concern for employees
- Assure managers understand their obligations
- Maintain a system of accountability
- WPVP Committee that spearheads efforts

- Debriefing Worksheet
- Agitated Behavior Scale (ABS)
- Broset Violence Checklist
- ENA ED Workplace Violence Staff Assessment

RESOURCES

- OSHA Guidelines for Preventing Workplace Violence for Health Care & Social Service Workers *http://www.dangerousbehaviour.com/DisturbingNews/Guidelines%20for%20PreventingViolence%20HSS.htm*
- *CDC/IOSH, Violence Occupational Hazards in Healthcare, https://www.cdc.gov/niosh/docs*
- ASHRM Workplace Violence Toolkit, *http://www.ashrm.org/resources/workplace_violence/index.dhtml*
- PA Patient Safety Advisory: Violence Prevention Training for ED Staff: http://patientsafetyauthority.org/ADVISORIES/AdvisoryLibrary/2012/Mar;9(1)/Pages/01.aspx
- Emergency Nursing Association Workplace Violence Toolkit, *http://www.ena.org/IENR/ViolenceToolkit/Documents/OSHA%20analysis.htm*

THE END

Thank you for your participation!

Proceed with Confidence!

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