The Governors' Occupational Safety and Health Conference (GOSH) 2017, Portland, Oregon

Violence Prevention in Health Care: Sharing Lessons Learned from the OAHHS Worker Safety Initiative

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Session Outline

- The Workplace Safety Initiative (WSI) Work Group Pilot Program
- WSI Program activities - develop violence prevention programs
- Lessons learned

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Workplace Safety Initiative (WSI) - Background

- In 2014 the Oregon Association for Hospitals and Health Care Systems (OAHHS) formed the WSI 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 i.e., manual patient handling and work place violence.
- The Triple Aim group, which is comprised of Legacy Health, Providence Health & Services, OHSU, Kaiser Permanente NW, the ONA, and SEIU 49, are also supporting this project
- Project activities have been presented to the Governor Kate Brown who has expressed an interest in this initiative.
- Lynda Enos is the OHS & ergonomics consultant assisting to facilitate the project

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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.

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WSI Project Process - WSI Facilities

- 8 volunteer hospitals are participating in 10 projects
- Level 1 facility- have an established program and shall be provided materials but should require minimal on-site assistance.
- Level 2 facility- do not have an established program or the program was unsustainable and did not achieve the intended results; may require moderate to significant on-site assistance in addition to program materials.
- Workplace Violence Prevention - 4 hospitals are Level 1 and 1 is Level 2
- Safe Patient Handling - 4 hospitals are Level 2 and 1 is Level 1
- Hospital size:
  3 facilities < 50 beds 3 facilities - 50-100 beds 2 facilities > 100 beds
- Each facility to plan and implement/enhance program on one pilot unit

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WSI Project Process

Expected Outcomes

- Toolkits to guide implementation of sustainable violence prevention and safe patient handling programs.
- Educational offerings to disseminate project outcomes, lessons learned, and share best practices to all hospitals in Oregon and beyond.
- Development of a standardized injury data collection tool to facilitate ability to manage occupational safety and health programs.

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WSI Project: Outcomes for each hospital

- Reduce incidence, risk and cost of staff injury related to patient handling and mobility and/or work place violence
- Implement evidence-based best practices that will assist to sustain SPH and/or WPV efforts at each facility
- Enhance the culture of safety and empower health care employees to create safe working environments
- Address patient handling and related ergonomics/safety issues and/or work place violence proactively

For 2 facilities lessons learned and policies/procedures developed will be disseminated to other hospitals within the HC organization

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WSI Project Process: May 2015 - Present

- 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 and existing SPH tool enhanced
  - Both tools are developed from published evidence-based best practices, relevant standards and regulations

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WSI Project Process:

1. **Define the scope of hazards related to patient handling and 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 2015 (now updated through 2016)**
   - c) **Complete gap analysis of existing programs**
   - d) **Conduct staff survey**
   - e) **Conduct hazard analysis via facility walkthrough (ongoing)**
   - f) **For SPH – conduct equipment 'play day' for staff**

'b - e' are used to evaluate the programs after project implementation

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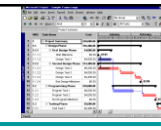

WSI Project Process:

2. **Identify best approach for program development based on all data collected**
   - **Prioritize activities to be completed**
   - **Determine who will manage and facilitate the project plan and committee membership**
   - **Identify pilot unit *however* - WPV has to be house wide project as interventions cannot be *isolated* to one unit**
   - **Develop project/program plan (business plan) with strategic & tactical elements**
   - **Assign responsibilities and timelines**
   - **Identify tools and resources needed including assistance from consultant e.g. training**

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WSI Project Process

3. Obtain management approval & support of the plan
4. Develop program tools as needed
5. Implement the program on pilot unit(s) as applicable
6. Evaluate program process & outcomes
7. Roll out program to other units/tasks

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WSI Project

Defining the scope of hazards related to violence and the impact on the organization (what, where & cost) – All facilities

What did we learn?

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Injury Data Summary – Aggregate WPV

- In top 5 causes of reported incidents but few result in employee injury
- 0-6.6% of OSHA Recordable are related to WPV vs. all OSHA recordable injuries
- Account 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:
  - In 3 hospitals 60-70% - verbal
  - In 2 hospitals – 20% verbal (reporting process may be a factor)

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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

Staff Survey
WPV Themes (60-80% 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.

Staff Survey
WPV Themes

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- 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 work place violence incident and that assistance would be provided when requested

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Staff Survey
WPV Themes

- The primary reasons that would impact whether staff will report work place 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

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Staff Survey
WPV 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 deescalation
  - 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

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Gap Analysis & Components of Sustainable WPV Programs in Health Care *(We Think!)*

A. Management Leadership
- *Ensuring Ownership and Accountability - Just Culture/HROs*

B. Employees Involvement

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/Analysis
- I. Data analysis & Surveys
- II. Assessment of the Physical Work Environment and Practice

G. Hazard Abatement

I. Engineering Controls

II. Administrative and Work Practice Controls
1. Incident Reporting
2. Identifying and Tracking Patients/Visitors at High Risk for Violence
3. Tracking Employees Working Alone or in Secure Areas
4. Entry Procedures
5. Employee Dress code
6. Transportation Procedures
7. Security Rounding
8. Incident Response/Post Incident Procedures
9. Incident Investigation
10. For Home Care Employees

H. Education & Training

I. Ongoing Program Evaluation & Proactive Hazard Prevention

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WSI Lessons Learned - Overall

- To be effective the scope of the WSI project had to grew significantly at each facility
- Facilities need more assistance than originally planned
- Staff turnover –
  - Leadership and committee members impacting project completion
  - Turnover in health care hugely impacts sustainability and management of these programs e.g. CNO leadership that is needed for SPH programs
- Competing priorities for budget, time and resources vs other non worker safety projects e.g.,
  - SPH equipment purchase; WPV security related equipment and personnel
  - Staff training (initial and ongoing)
  - Staff to provide training;

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WSI Lessons Learned - Overall

- Need to improve executive commitment and mid level management buy-in through improved data collection, analysis and presentation
- Spending time on understanding gaps and identifying and prioritizing needs/developing a program plan and a business case etc., is essential
- Program development cannot be 'forced' or 'rushed' – changing culture takes time
- Front line staff – changing culture (behaviors)
- Understanding that one person cannot be responsible for the whole program etc.
- Worker safety/ergonomics are not considered in building design (new or remodel)

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WSI Lessons Learned - WPV

- Have a good validated patient assessment tool; policy and incident reporting template
- Sharing tools/processes/policies - networking invaluable
- Cost of purchased training programs high and ? effectiveness
- Need for:
  - Expert in safety/security to conduct walkthrough assessments (law enforcement, OROSHA, Work Comp & Gen Liability Insurance carriers)
  - Patient 'risk for violence' assessment and response tools
  - Effective 'user friendly' processes to encourage staff to report all incidents not just when injured/just part of the job
  - Effective cost effective and customized training for all staff(transfer of training)
  - Policies and training that include ORS requirements


Thank you