**OAHHS Worker Safety Initiative**

**Work Place Violence Prevention Program**

**Sample Communications/Social Marketing Plan**

| **Stakeholder*****(‘Who’)*** | ***What* Do They Need to Know?****(example only – not all inclusive)** | **Best Communications Method(s)****(example only)*****(‘How’)*** | ***When* Do They Need to Know?** | **Plan**1. **What info is to be sent?**
2. **When?**
3. **Who will develop the communication?**
4. **Who will send it?**
5. **Follow up needed?**
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| **CEO and Administration**  | 1. How will the program be meaningful to them? e.g.
* Improved staff safety
* Improve patient safety
* Enhance overall culture of safety
* Meet regulatory and requirements by accreditation orgs (Oregon WPV law; JC or DNV etc.)
* Potential cost savings from reduced staff injuries and patient injuries;
* Increase in reporting of violence leading to improved prevention
* Reduced liability
* Potential improved patient and visitor satisfaction
* Recruitment and retention of patient care staff (employer of choice/staff satisfaction, etc.)
1. What’s the plan?
* How much will it cost?
* What’s the return on investment?
* What’s the project timeline?
* What do they need to do?
1. Periodic updates program outcomes
2. Budget requests
3. Recommended program policy/procedures
4. Other?
 | * WPV coordinator and program sponsor/ champion– relay information at leadership meetings
* Written reports re program data and outcomes from WPV committee
* Brief staff testimonials re impact of WPV program related to their daily work and patient care
* Training
 | 1. Before program plan is implemented for plan approval etc.
2. Quarterly- brief written report
3. Annually
4. On hire
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| **Committee or group that the WPV committee/team report to (if applicable) e.g.** **worker safety committee**  | * 1. As above
 | * Via WPV program manager
* Monthly meetings
* Email
* Training
 | 1. Before program plan is implemented for plan input etc.
2. Quarterly
3. Annually
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| **WPV Program Committee or Team and** **Program Manager** | 1. How will the program be meaningful to them? e.g.
* Assist to prevent worker and patient injuries and enhance culture of safety
* Enhance professional skills
* Assists to ensure program sustainability
 | * Via WPV program manager
* Monthly meetings
* Email
* Training
 | As new information about violence prevention is known  |  |
| **Directors and Unit Managers - all** | 1. How will the program be meaningful to them? e.g.
* Increase in reporting of violence leading to improved prevention
* Potential decrease in injuries and injury severity (days lost and restricted work days)
* Positive impact on:
	+ Staffing retention
	+ Patient satisfaction
* Meet regulatory and requirements by accreditation orgs (Oregon WPV law; JC and DNV)
1. What’s the plan? *See CEO above*
2. WPV policy and procedures as related to job function including those for special patient populations such as behavioral health; staff role and responsibilities; injury/incident reporting; response, follow up, etc.
3. Program progress and outcomes including injury/incident data; staff surveys; safety audit; patient safety and survey data
4. Corrective action following injuries, incidents and near miss reports
5. WPV process changes e.g. re new safety/security equipment; procedural changes etc.
6. Training and education schedules; staff participation needed in surveys, audits etc.
7. Input into remodel or new build projects
 | * Director meetings
* Email
* Training
 | 1. Before implementation of new process etc.
2. Quarterly as needed
3. Annually
4. On hire
 |  |
| **Unit RNs and CNAs****including Float Pool Nurses & CNAs****Other direct care staff such as MAs in outpatient clinics etc., (if applicable)** | 1. How will the program be meaningful to them? e.g.
* Work will be safer – physical and psychological benefits
* Improved patient safety (see below)
1. What’s the WPV program and goals?
2. WPV policy and procedures including ORS law as related to their job function including those for special patient populations such as behavioral health; staff role and responsibilities including those related to professional licensing regulations; injury/incident reporting; response, follow up, etc.
3. Program progress and outcomes including injury/incident data; staff surveys; safety audit; patient safety and survey data
4. Corrective action following injuries, incidents and near miss reports
5. WPV process changes e.g. re new safety/security equipment; procedural changes etc.
6. Training and education schedules; their participation needed in surveys, audits etc.
7. Input into remodel or new build projects
 | * Via their manager
* Email
* Visual tools e.g. posters – regularly updated in staff lounge/bathrooms
* Visible, easily accessible information about escalation techniques, reporting etc.
* Staff meetings
* WPV web page
* WPV coaches or lead staff if applicable
* On unit coaching
* Training
* Show the evidence base for WPV
* Testimonials from other RNs and CNAs in other facilities re their experience with violence and WPV techniques (e.g. via brief video and written sound bites)

  | 1. Before implementation of new processes etc.
2. Annually
3. 3. On hire
 |  |
| **Home Health staff (if applicable)** | 1. How will the program be meaningful to them? e.g.
* Work will be safer – physical and psychological benefits
* Improved patient safety (see below)

2-8. *As for RNs and CNAs – modify scope as needed* | * Via their manager
* Show the evidence base for WPV
* Testimonials from other RNs and CNAs in other facilities re their experience with violence and WPV techniques (e.g. via brief video and written sound bites)
* WPV web page
* Training
 | 1. When implementing new processes etc.
2. ? Annually
3. On hire
 |  |
| **Physicians and other medical providers e.g. NPs, PAs etc.** | 1. How will the program be meaningful to them? e.g.
* Work will be safer – physical and psychological benefits
* Improved patient safety (see below)
* Meet regulatory and requirements by accreditation organizations (e.g., Oregon WPV law; JC and DNV)

2-8. *As for RNs and CNAs – modify scope as needed scope as needed* | * Physician meetings
* Individual unit engagement when possible
* ER providers have quarterly meetings
* Training
 | 1. When implementing new processes etc.
2. Annually
3. On hire
 |  |
| **Contract staff e.g. traveling nurses; physician; support services; building contractors etc.** | * Direct care contractors – as for RNS, CNAs above
* Medical providers - see above. May be located off site but should be aware of policies and language/terminology used
* Other support service contractors - see *Support service staff*below
 | * Add info packet received when starting work
* Training
* Other
 | 1. On hire
2. Periodically PRN
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| **Other staff groups e.g., rehab/therapy; imaging staff , respiratory therapy; lab, transportation, etc., who may have direct contact with patients and perform care related tasks** | 1. How will the program be meaningful to them?

? e.g.* May improve quality of treatment or diagnostic activities due to improved patient assessment and management of violence related behaviors.
* Work will be safer – physical and psychological benefits

2-8. *As for RNs and CNAs – modify scope as needed* | * Staff meetings per dept.
* PT and Imagining staff – possibly testimonials from other PTs in other facilities
* *As for RNs and CNAs*
 | 1. When implementing new processes etc.
2. Annually
3. On hire
 |  |
| **Support service staff – environmental svcs, maintenance, food services, information technology, biomed, etc.** | 1. How will the program be meaningful to them? e.g.
* Work will be safer – physical and psychological benefits
1. What’s the WPV program and goals?
2. WPV policy and procedures as related to their job function including ORS law; staff role and responsibilities; injury/incident reporting; response, follow up, etc.

4-8. *As for RNs and CNAs – modify scope as needed* | * Dept. meetings
* *As for RNs and CNAs*
 | 1. When implementing new processes etc.
2. Annually
3. On hire
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| **Security (if applicable)** | 1. How will the program be meaningful to them? e.g.
* Work will be safer – physical and psychological benefits
* Improved patient safety (see below)

2-8. *As for RNs and CNAs – modify scope as needed* | * Through Director and Asst. Director
* One to one meetings
* Communication to contract company (as applicable)
* Participation in staff training
 | 1. When implementing new processes etc.
2. Quarterly
3. ? Annually
4. On hire
5. PRN
 |  |
| **Clinical Education/Professional development staff** | 1. How will the program be meaningful to them? e.g.
* Work will be safer – physical and psychological benefits
* Their role in contributing to a safe work environment

2-8. *As for RNs and CNAs – modify scope as needed modify scope as needed* | * Annual competency tools
* Unit meetings
* *As for RNs and CNAs*
* Training
 | 1. Before implementation of new processes etc.
2. Annually
3. On hire
 |  |
| **Union/Labor representatives**  | 1. How will the program be meaningful to them? e.g.
* Benefits to their members
1. Their role within the program/policy etc.
 | * In-house union meetings
* Email
 | 1. When implementing new processes etc.
2. Annually
3. PRN
 |  |
| **Patient population and families (community)** | 1. How will the program be meaningful to them? e.g.
* Increase in comfort and safety during stay.
* Will want to ‘come back’ – hospital of choice
1. What to expect related to WPV policy and processes used by the facility; what is expected of them; requirements of ORS law inc. that related to home health services?

 1. Positive information about patient surveys related to WPV efforts
 | * Brochures
* Posters/signage
* In welcome package
* Possible video
* On facility web
* Community relations help articles
* Local media when program implemented
 | 1. On admission
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| **Nursing Students (and/or other student groups)** | 1. How will the program be meaningful to them? e.g.
* Work will be safer – physical and psychological benefits
* Improved satisfaction re student experience
1. WPV policy and procedures as related to their job function including ORS law
 | * Teaching organizations – add more information to existing curriculum; provide written information to nursing faculty
* Teaching organizations – possible faculty training
* Orientation at hospital
 | 1. Upon orientation
 |  |
| **Emergency Medical Services** | 1. How will the program be meaningful to them? e.g.
* Work may be safer – physical and psychological benefits
1. WPV policy and procedures as related to their role and interface with the facility including ORS law
 | * Through ER Manager for EMS
* Care Manager for non-emergency transportation
* Weekly meetings with EMS captain
* Ambulance advisory committee
 | 1. When implementing new processes etc.
2. Annually
3. PRN
 |  |
| **Volunteers** | 1. How will the program be meaningful to them? e.g.
* Work will be safer – physical and psychological benefits
1. WPV policy and procedures as related to their role including ORS law
 | * Through volunteer coordinator
* Orientation
* Intranet resources etc.
 | 1. When implementing new processes etc.
2. Annually
3. On hire
 |  |
| **Law Enforcement****(Sheriff, local and state police)** | 1. How will the program be meaningful to them? e.g.
* Work may be safer – physical and psychological benefits
* Possible positive impact on overall public safety
1. WPV policy and procedures as related to their role and interface with the facility including ORS law
 | * Through WPV committee
* Monthly meetings between WPV coordinator/Emergency manager and local Chief of Police
* Email
 | 1. When implementing new processes etc.
2. Annually
3. PRN
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| **External behavioral health treatment facilities or clinics (not operated by this hospital) in the community; other community agencies** | 1. How will the program be meaningful to them? e.g.
	* Improves coordination of care
	* Possible positive impact on overall public safety
2. WPV policy and procedures as related to their role and interface with the facility including ORS law
 | * Through hospital social workers; case managers; marketing dept.
 | 1. When implementing new processes etc.
2. Periodically PRN
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| **Outpatient Clinics** | ***As for staff groups listed above as relevant*** |  |  |  |