

WORKPLACE VIOLENCE

2024 Frontline Staff Series

Critical Access Hospital Quality Improvement Program

This workshop is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of the Medicare Rural Hospital Flexibility Grant. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.



TEXAS DEPARTMENT OF AGRICULTURE
COMMISSIONER SID MILLER

LEARNING OBJECTIVES

- **Define workplace violence**
- **Identify various types of violence**
- **Describe impact of workplace violence on staff resilience**
- **Recognize ways to improve reporting of workplace violence**
- **Describe new state legislation requirements related to workplace violence**

WHAT IS WORKPLACE
VIOLENCE AND HOW OFTEN
DOES IT REALLY HAPPEN?

WORKPLACE VIOLENCE

Incidence of threats,
harassment, or assaults in
the workplace



Takes many forms

Verbal

Physical

Emotional
/ Mental

Sexual

Other
forms??

HOW PREVALENT IS IT?

68% experience workplace violence during covid pandemic



Verbal abuse most common / least reported



Why do we not report?

Just part of
the job

No one will
do anything

Blame it on
impairment

Fear of
retaliation

STATE STATISTICS



98% of Texas hospitals report that workplace violence has significantly increased or stayed the same since the start of the pandemic.



61% of Texas hospitals report that violence severity has increased.



Only one survey respondent indicated a decrease in the frequency of violence since the start of the pandemic.



89% of Texas hospitals have implemented workplace violence prevention effort

Consequences of Workplace Violence

IMPACT OF WORKPLACE VIOLENCE

Treatment of
injuries

Caregiver fatigue /
injury

Psychological
trauma / fear of
workplace

Increased risk of
error

Loss of confidence
in organization /
feelings of being
unsafe

High turnover

COST OF WORKPLACE VIOLENCE

National Institute for
Occupational Safety
and Health (NIOSH)
estimates annual cost
at over \$120 Billion



Workplace violence
resulted in over 20,000
injuries and over 300
fatalities in 2020

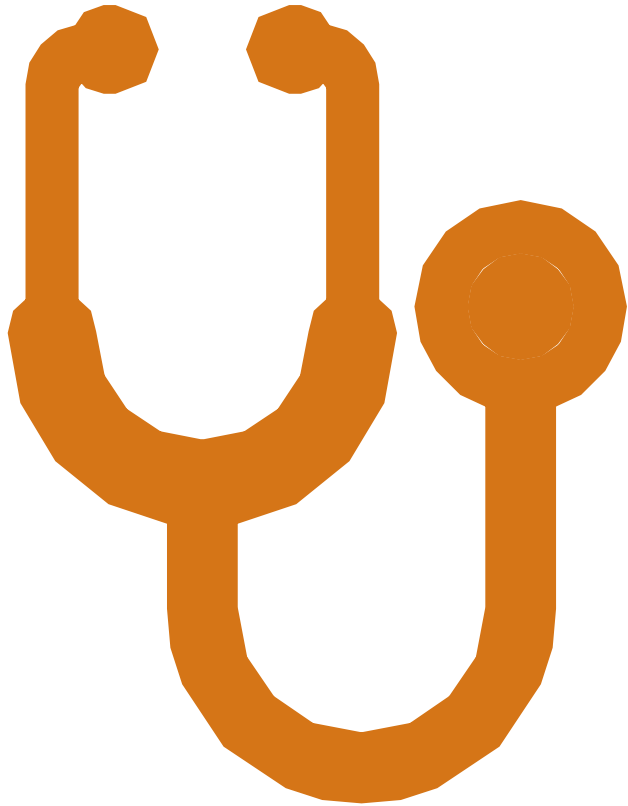


Significant increase
during Covid pandemic

CONSEQUENCES OF NOT ADDRESSING WPV

- Decrease in trust
- Feelings of unsafe work environment
- Added stress and anxiety while at work
- Increased risk of error
- Decreased employee satisfaction
- Higher turnover





WHAT ABOUT THE PATIENTS?

- What happens when patients witness WPV?
 - Feeling unsafe in healthcare environment
 - Loss of trust in organization
 - Increased anxiety while in your care
 - Decreased patient satisfaction
 - Decreased patient volume
 - Loss of revenue / financial sustainability

WHY DOES IT HAPPEN AND
WHO IS DOING IT?

REASONS
FOR
VIOLENCE -
CAREGIVER

- Drug / alcohol impairment
- Drug seeking behavior
- Mental health issues
- Overcrowding

REASONS FOR VIOLENCE – PATIENTS/FAMILY

Failure to communicate

Lack of resources

Long wait times

Failure to meet expectations

Highly distressed patients / families



WHO DOES THIS?

Patient / Family

- distressed about care
- unrelieved pain / symptoms
- mental health
- Cultural component

Other visitor

- domestic violence
- criminal activity

Fellow staff



TEXAS HOSPITAL
RESPONSE TO
REPORTING

TEXAS HOSPITAL RESPONSE

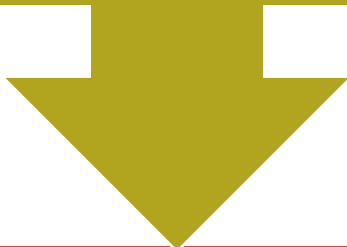
- Types of violence required to report
 - Over 90% for physical assault or threats
 - 89% sexual harassment
 - 86% verbal abuse
 - 60% encourage reporting of physical assaults to law enforcement
- Offer support post assault
 - 88% offer follow-up support to nurses
 - 4.3% do not offer follow up support
 - 6.7% of nurses responding have no idea if organization provides support
 - 298 hospitals surveyed



NEW TEXAS LEGISLATION

WHAT IS WORKPLACE VIOLENCE?

By definition: an act / threat of physical force against a healthcare provider or employee that results in or is likely to result in physical injury or psychological trauma



Any incident involving use of a firearm or other weapon, regardless of injury or lack thereof to a healthcare provider or employee

TYPES OF VIOLENCE

Written or verbal threats stating intent to cause harm

Physical assault

Domestic violence

Sexual harassment or sexual assault

Stalking

Any act that causes fear or harm to staff, providers, patients or visitors to a health care facility

CATEGORIES OF WORKPLACE VIOLENCE

1. Criminal intent – no relationship to organization or employees (robbery, shoplifting, trespassing) Least common type



2. Client on worker – Most common form



3. Worker on worker – ranges from bullying, harassment to homicide



4. Personal relationship – personal relationship to victim but no relationship to organization



SB 240: TEXAS' WORKPLACE VIOLENCE PREVENTION LAW

- Created new Chapter 331 in Health and Safety Code
- Requires hospitals to establish and implement
 - WPV Prevention Committee
 - WPV plan
 - WPV policy
- Also applies to home health, nursing homes, ambulatory surgical centers, freestanding EDs



COMMITTEE REQUIREMENT

Must establish WPV committee or add WPV to existing committee to take on prevention activities

Committee must have at least one RN who provides direct patient care and one practitioner who provides direct patient care and one employee who provides security services if applicable

Healthcare systems can have one committee as long as a WPV plan can be developed and implemented at each facility and data collected remains identifiable by facility in the system

POLICY REQUIREMENT

Facility governing body must adopt WPV prevention policy to protect health care providers and employees from violent behavior at the facility

Policy must require facility give “significant consideration” to plan developed by WPV committee and evaluate existing plans

Must encourage providers / employees to provide confidential information on WPV to committee

Must include process to protect against retaliation for reporting

Must mandate facility compliance with any licensing agency rules that are established or currently in existence that related to WPV

PREVENTION PLAN REQUIREMENT

Must at minimum be based on practice setting

Adopt definition of WPV that includes “an act or threat of physical force against a health care provider or employee that results in, or is likely to result in, physical injury or psychological trauma; and an incident involving the use of a firearm or other dangerous weapon, regardless of whether a health care provider or employee is injured by the weapon.”

Requires facility to provide at minimum annual WPV prevention training or education (may be included in other required annual training)

Prescribe a system for responding to /investigating violent incidents or potentially violent incidents at facility

PREVENTION PLAN REQUIREMENT



Address physical security and safety



Require facility to solicit information from providers/employees when developing or implementing WPV prevention plan



Allow providers/employees to report incidents of WPV through existing occurrence reporting system



Require facility to adjust patient care assignments to prevent providers/employees from treating or providing services to patient who has intentionally been abusive or threatened the provider or employee

PREVENTION PLAN REQUIREMENT

Law permits plan to reference other internal policies or documents already in place

Must review and evaluate plan each year and report findings to governing board

Plan must be made available if requested by provider/employee (electronically or print)

Committee may redact information in plan that would pose security threat to providers/employees if released

WPV RESPONSE



At minimum requires facility to provide immediate post-incident services including any necessary acute medical treatment for each staff member directly involved

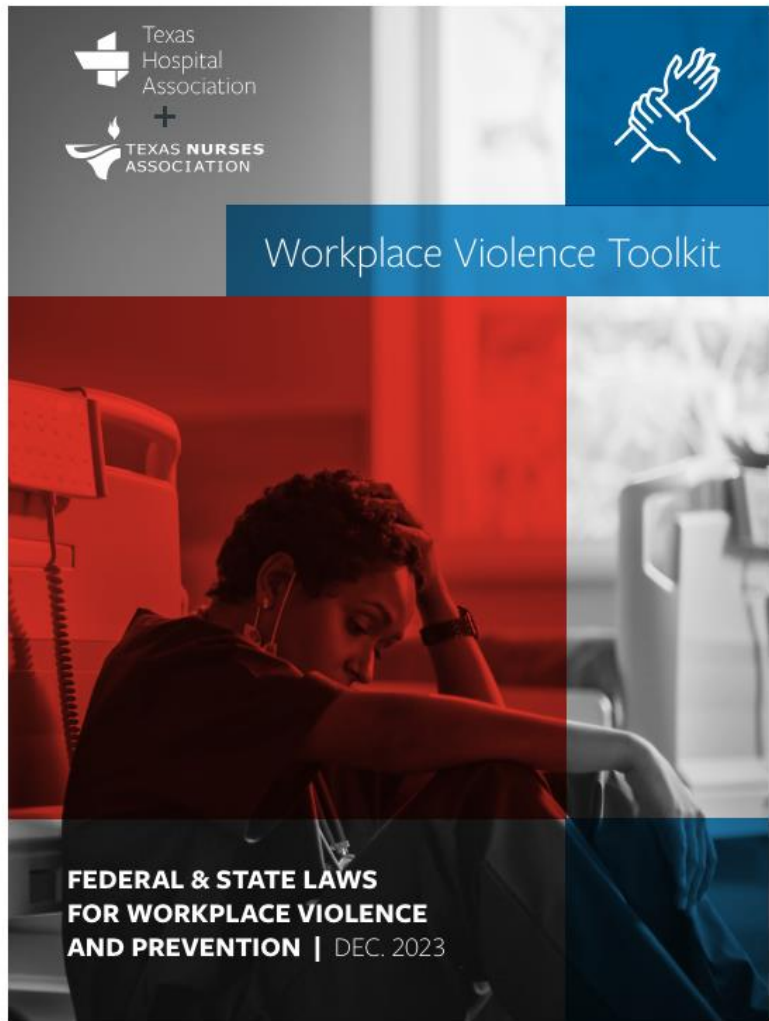


Facilities are prohibited from discouraging reporting to law enforcement or the pressing of charges by providers/employees



Facilities are prohibited from engaging in adverse employment actions against those making good-faith report of incident or when employee advises another about their rights to report

<p>FEDERAL: Medicare Conditions of Participation 42 C.F.R. §482.13(c)(2) – Patient Right to a Safe Setting (Last updated: 2019)</p>	<p>Yes. Efforts to provide a safe setting should be included in policies related to environmental safety, infection control, and security. These policies should describe how hospitals identify patients at risk for self-harm or harm to others and the steps that need to be taken to minimize those risks. Per CMS, requires a patient risk assessment strategy.</p>
<p>FEDERAL: Medicare Conditions of Participation 42 C.F.R. § 482.15 – Emergency Preparedness (Last updated: 2019)</p>	<p>Yes. Such policies and procedures should be based on the emergency preparedness and communication plans adopted by the hospital. The regulation has more requirements than the Texas workplace violence policy since it encompasses all types of emergencies and not just those related to workplace violence.</p>
<p>FEDERAL: OSHA – General Duty Clause of the Occupational Safety and</p>	<p>Not specifically, but OSHA has published guidelines for preventing workplace violence in health care, which state that hospitals should have workplace prevention programs. Hospitals that comply with the</p>



WORKPLACE VIOLENCE TOOLKIT

- <https://www.tha.org/wp-content/uploads/2023/12/Workplace-Violence-Toolkit-2023.pdf>



WHAT CAN
WE DO
ABOUT IT?

What is your role?

WHAT WE
ARE
DOING
ABOUT IT

Increase in investigation of incidents

WPV prevention training

Tracking of incidents

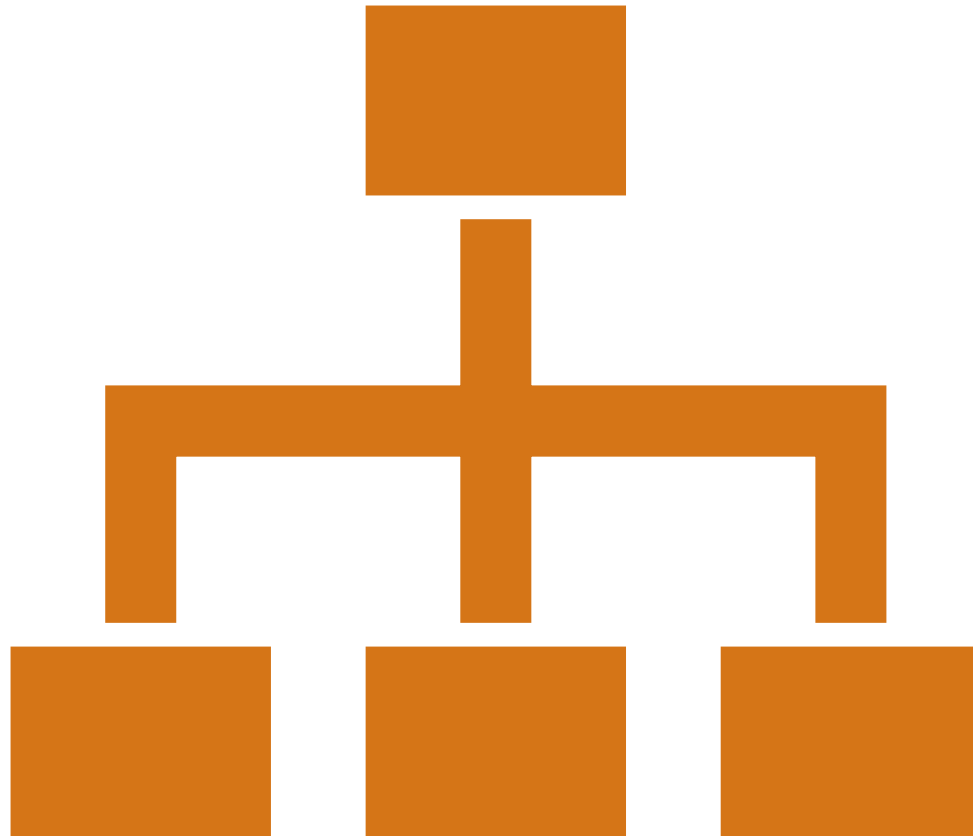
Assessment for risk factors

Multi-disciplinary response team

Screening for violence

Signage in facility

Personal alarms



WHERE ARE YOU AT?

What does your organization require staff to report?

What steps has your organization taken to decrease WPV?

ZERO TOLERANCE

Does it work?



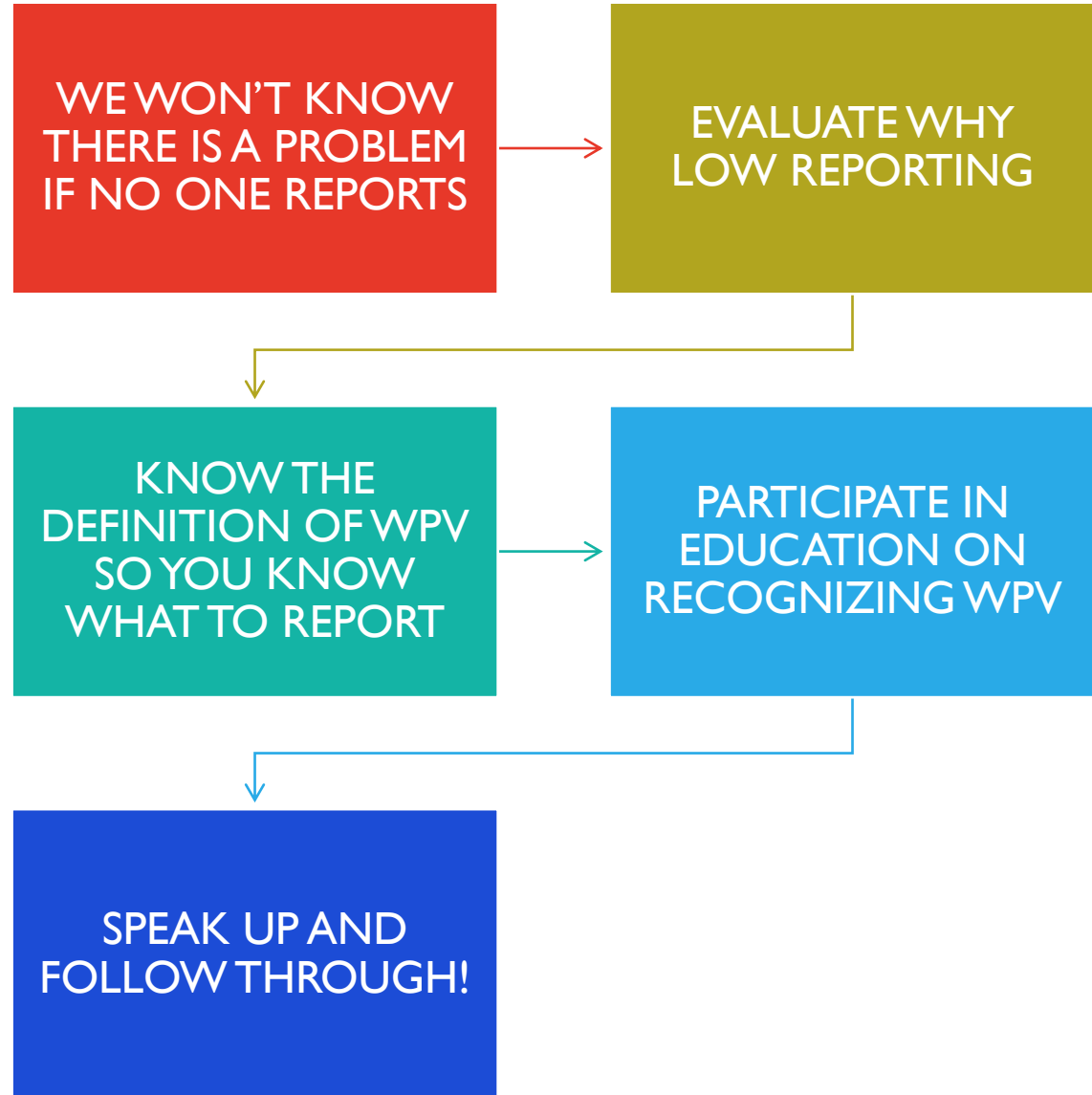
What if you don't
act or follow
through?



Does it address
root cause?



CREATE A CULTURE OF REPORTING



COMMUNITY AWARENESS

Cultural awareness

Know your community and factors that increase risk of violence

- High crime
- Substance / alcohol abuse
- Mental health

Education on expected behavior

- Make sure they understand what behaviors will be reported

Education on proper way to address grievances

STAFF TRAINING

De-escalation
training /
techniques

Early activation
of resources
rather than after
escalation

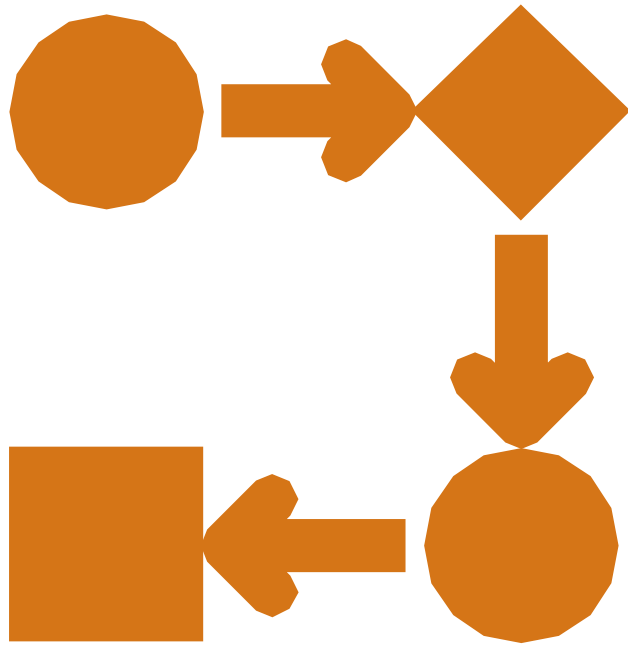
Consider WPV in
staffing plans

AMERICAN ASSOCIATION OF CRITICAL CARE NURSES

- Position statement encourages hospitals to:
 - Educate staff on recognition of potential for violence, how to de-escalate or seek help
 - Establish clear and consistent reporting structure
 - Encourage pressing of charges for assault
 - Provide resources and support to staff members
 - Evaluate staffing and patient classification systems that can reduce risk
 - Ensure presence of sufficient security systems to include alarms, emergency response and security personnel

WHAT
AACN
BELIEVES
NURSES
CAN DO

Be involved	Participate in training on violence awareness and prevention
Educate yourself	Maintain knowledge of organization's policies / procedures on safety and crisis plans
Speak Up	REPORT!!!!
ACT	Press charges when necessary
Support	Support co-workers
Participate	Seek solutions as a team and be a part of the process to change



BE A PART OF
THE SOLUTION...

*NOT A PART OF THE
PROBLEM*

2024 Texas Workplace Violence Against Nurses Survey of Individual Nurses

The 2024 Texas Workplace Violence Against Nurses Survey of Individual Nurses is **NOW LIVE!** The primary purpose of this survey is to assess the types and frequencies of verbal and physical violence nurses have experienced in the preceding year and throughout their careers.



QUESTIONS???

Course Evaluation / Continuing Education

ACCREDITED CONTINUING EDUCATION

Accreditation Statement



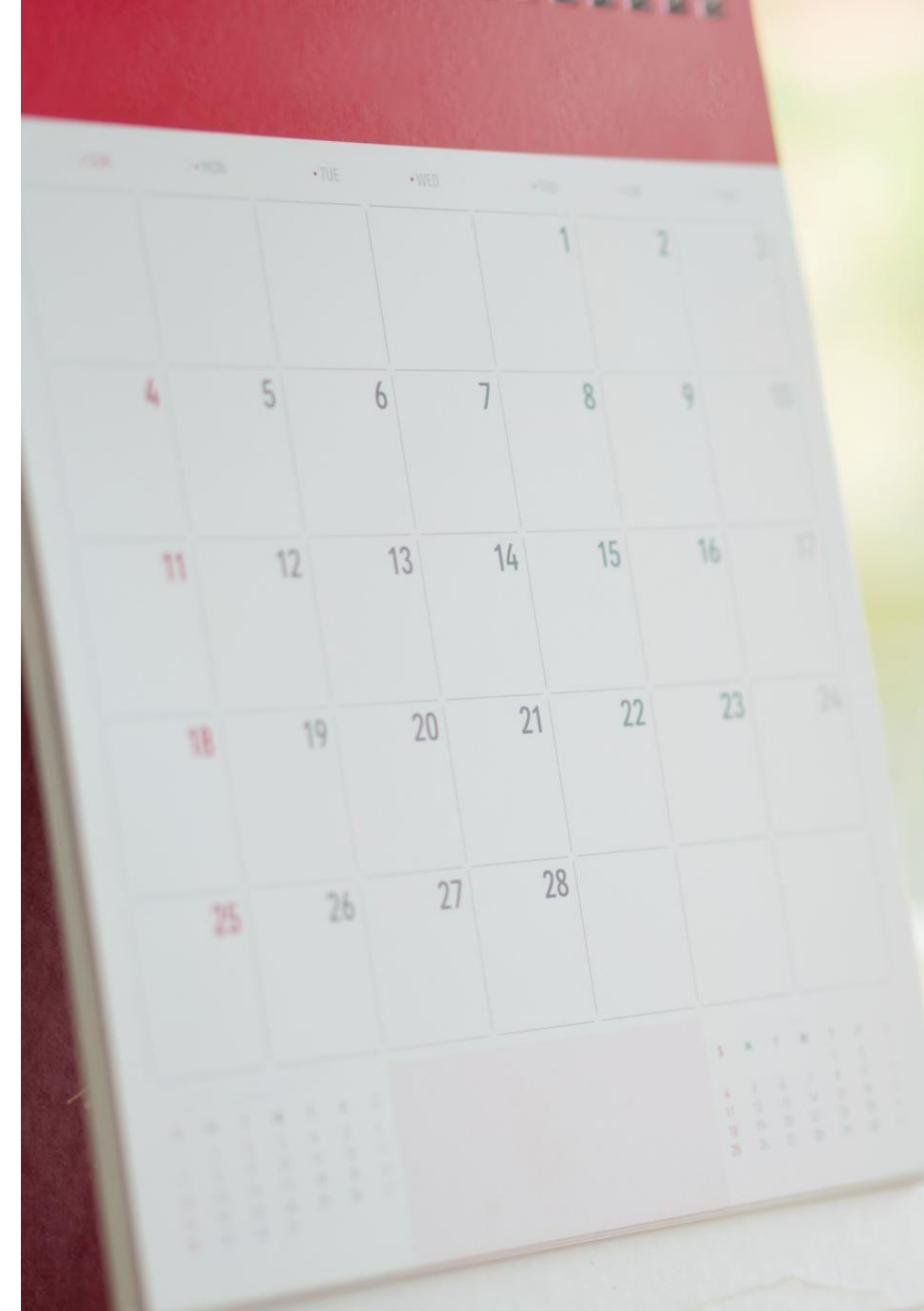
In support of improving patient care, this activity has been planned and implemented by AXIS Medical Education and Texas Hospital Association. AXIS Medical Education is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

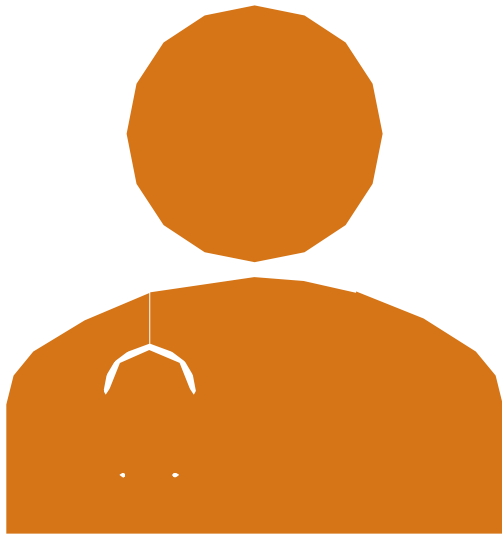
UPCOMING EVENTS

- August 30, 2024 – Nursing Documentation Workshop
- Austin, Texas

- Policy and Procedure Virtual Series
- Begins October 23, 2024

- <https://www.tha.org/services-for-hospitals/clinical-services/critical-access-hospital-quality-improvement-program-cah-qi/>





WHO TO CONTACT

- Have Questions???
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 - Texas Hospital Association Foundation
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THANK

YOU!