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HEALTHCARE EMERGENCY PREPAREDNESS
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Access speaker bios here:

<https://files.asprtracie.hhs.gov/documents/strategies-for-healthcare-workplace-violence-prevention-risk-assessment-and-de-escalation-webinar-speaker-bios.pdf>

Access recording here:

<https://attendee.gotowebinar.com/recording/1918124844372759310>

Access Q and A here: <https://files.asprtracie.hhs.gov/documents/aspr-tracie-ta-risk-assessment--deescalation-webinar-qa.pdf>

Access transcript here: <https://files.asprtracie.hhs.gov/documents/risk-assessment--deescalation-webinar-transcript.pdf>

Strategies for Healthcare Workplace Violence Prevention: Risk Assessment and De-Escalation

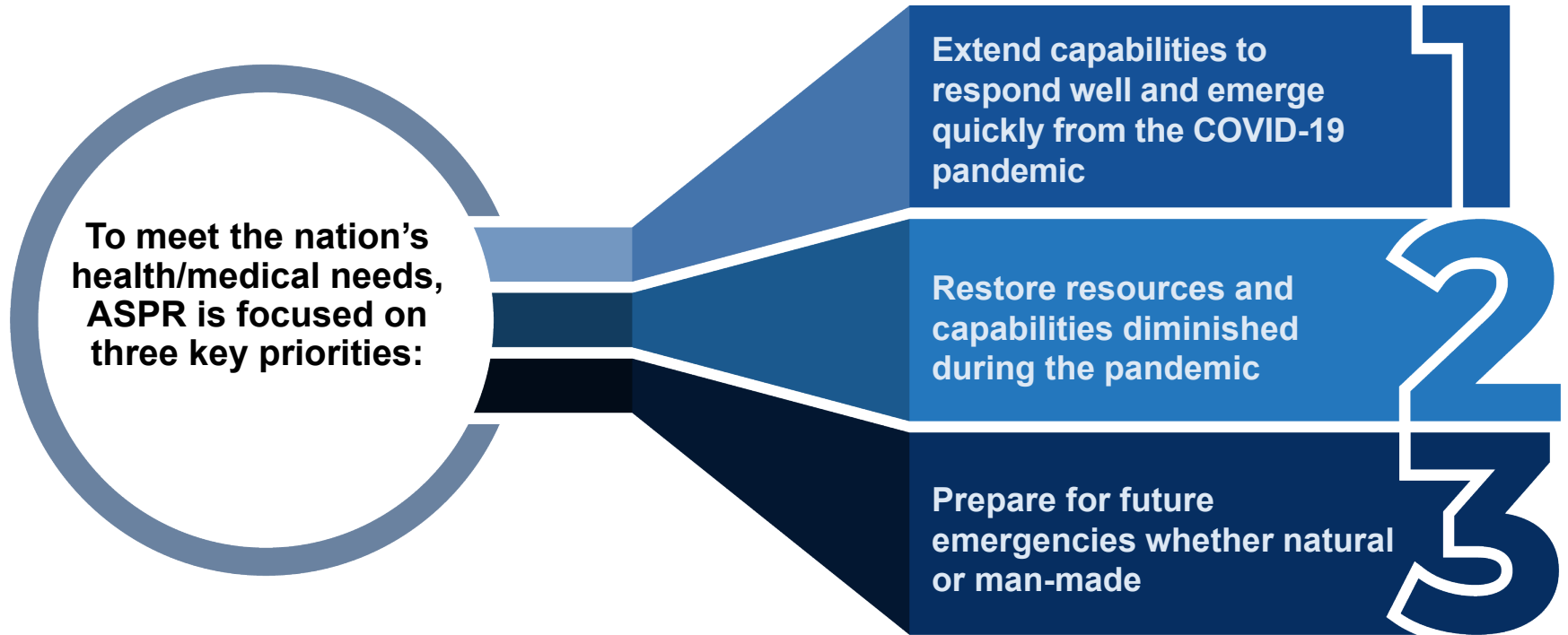
March 2, 2022

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ASPR Key Priorities





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Shayne Brannman, MS, MA, Director, ASPR TRACIE

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ASPR TRACIE: Three Domains



- Self-service collection of audience-tailored materials
- Subject-specific, SME-reviewed “Topic Collections”
- Unpublished and SME peer-reviewed materials highlighting real-life tools and experiences



asprtracie.hhs.gov



- Personalized support and responses to requests for information and technical assistance
- Accessible by toll-free number (1844-5-TRACIE), email (askasprtracie@hhs.gov), or web form ([ASPRtracie.hhs.gov](https://asprtracie.hhs.gov))



1-844-5-TRACIE



- Area for password-protected discussion among vetted users in near real-time
- Ability to support chats and the peer-to-peer exchange of user-developed templates, plans, and other materials



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John Hick, MD, Hennepin Healthcare (Moderator)

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Workplace Violence Update for ASPR TRACIE

March 2022

Objectives

- Understand the new standards and elements of performance and impact to the survey process
- Learn how to comply with the new standards and elements of performance
- Glean where information is readily available to assist customers with compliance

Overview

This is Not a New Problem

Philadelphia News

A doctor repeatedly stabbed by a patient has sued Pennsylvania Hospital, alleging 'abject disregard' for safety

Hospitals have increasingly faced what healthcare experts call a "national epidemic" of violent attacks by patients.

in Nursing
of the American Nurses Association
line publishing excellence!

1996-2011
th Care: Recognized but not Regulated

Workplace Violence against Health Care Workers in the United States

James P. Phillips, M.D.

Violence against health care professionals in the workplace is underreported and understudied. Additional data are needed to understand steps that might be taken to reduce the risk.

April 28, 2016

N Engl J Med 2016; 374:1661-1669

DOI: 10.1056/NEJMr1501998

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Nurse Stabbed By Patient Pleads
For More Hospital Security

"I've been bitten,
pushed, pinched,
and spat upon."

"I could have lost everything"

*-Lisa Tenney, RN, of the Maryland Emergency Nurses
Association.*

kicked, punched,
shoved, scratched,

Army nurse set on fire by colleague

"I Knew This Would Happen"

"A police officer and 2 employees were killed in
Chicago hospital shooting that left gunman dead"

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The Requirements & Survey Process

Overview of New Requirements

- No new standards
 - Three **new** elements of performance (EP)
 - Two **revised** EPs
- Blue vs orange colors
 - Blue = existing language
 - Orange = new language
- Implementation strategies & survey processes



Existing Standard New EP

Standard EC.02.01.01: The hospital manages safety and security risks.

EP 17: The hospital conducts an **annual worksite analysis** related to its workplace violence prevention program. The hospital **takes actions** to mitigate or resolve the workplace violence safety and security risks **based upon findings from the analysis**.

*Note: A worksite analysis includes a **proactive** analysis of the worksite, an **investigation of the hospital's workplace violence incidents**, and an analysis of how the program's policies and procedures, training, education, and environmental design **reflect best practices and conform to applicable laws and regulations**.*

Existing Standard with Revised EPs

Standard EC.04.01.01: The hospital collects information to monitor conditions in the environment

EP 1: The hospital **establishes a process(es)** for continually **monitoring**, internally **reporting**, and **investigating** the following:

- Injuries to patients or others within the hospital's facilities
- Occupational illnesses and staff injuries
- Incidents of damage to its property or the property of others
- **Safety** and security incidents involving patients, staff, or others within its facilities, **including those related to workplace violence**
- Hazardous materials and waste spills and exposures
- Fire safety management problems, deficiencies, and failures
- Medical or laboratory equipment management problems, failures, and use errors
- Utility systems management problems, failures, or use errors

Existing Standard with Revised EPs

Standard EC.04.01.01: The hospital collects information to monitor conditions in the environment

EP 6: Based on its process(es), the hospital **reports and investigates** the following: **Safety** and security incidents involving patients, staff, or others within its facilities **including those related to workplace violence.**

Existing Standard New EP

Standard HR.01.05.03: Staff participate in ongoing education and training

EP 29: As part of its workplace violence prevention program, the hospital provides training, education, and resources **(at time of hire, annually, and whenever changes occur regarding the workplace violence prevention program)** to leadership, staff, and licensed practitioners. The hospital **determines** what aspects of training are appropriate for individuals **based on their roles and responsibilities.**

Existing Standard New EP

Standard HR.01.05.03: Staff participate in ongoing education and training

The training, education, and resources **address prevention, recognition, response, and reporting** of workplace violence as follows:

- What **constitutes** workplace violence
- Education on **the roles and responsibilities** of leadership, clinical staff, security personnel, and external law enforcement
- Training in **de-escalation, nonphysical intervention skills, physical intervention techniques, and response to emergency incidents**
- The **reporting process** for workplace violence incidents

Existing Standard New EP

Standard LD.03.01.01: Leaders create and maintain a culture of safety and quality throughout the hospital

EP 9: The hospital has a workplace violence prevention **program** led by a **designated individual** and developed by a **multidisciplinary team** that includes the following:

- Policies and procedures to **prevent and respond** to workplace violence
- A process to **report incidents** in order to analyze incidents and trends
- A process for **follow-up and support** to victims and witnesses affected by workplace violence, including trauma and psychological counseling, if necessary
- **Reporting** of workplace violence incidents to the **governing body**

Implementation Strategies – Education/Training

– Strategies

- Define workplace violence & how to report
- Tailor education based on
 - Roles and responsibilities
 - Response expectations
 - Program changes
- Training, education, and resources (who gets what training)
 - De-escalation techniques
 - Non-physical/physical intervention
 - Emergency response
 - The reporting process

– Survey Process

- Evidence of education/training including individual role and responsibility specific
 - Completed education according to job requirements and timeframes and any changes to workplace violence prevention program
- Interview staff
- Interview leaders on education effectiveness
- Ask about reporting process
- Ask how is this information shared
- Data collection?

Resources

Workplace Violence Prevention Website

<https://www.jointcommission.org/resources/patient-safety-topics/workplace-violence-prevention/>

Workplace Violence Prevention Resources

This portal provides a valuable source of information from The Joint Commission enterprise and other organizations related to the topic of workplace violence in healthcare.



Workplace Violence Prevention Resources

Workplace Violence Prevention Compendium of Resources

Information on Joint Commission Standards

From the Field

Contact Us

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Workplace Violence Prevention

Joint Commission Blog Posts

Joint Commission Podcasts

Joint Commission Presentations

Joint Commission Research Resources

Joint Commission Resources Newsletters

Joint Commission Resources and OSHA Alliance

Agency for Healthcare Research and Quality

American Hospital Association

American Nurses Association

American Psychiatric Association

American Psychiatric Nurses Association

R3: Requirement, Rationale, Reference

<https://www.jointcommission.org/standards/r3-report/r3-report-issue-30-workplace-violence-prevention-standards/>

Requirement	EP 17: The hospital conducts an annual worksite analysis related to its workplace violence prevention program. The hospital takes actions to mitigate or resolve the workplace violence safety and security risks based upon findings from the analysis. (See also EC.04.01.01, EP 1) Note: A worksite analysis includes a proactive analysis of the worksite, an investigation of the hospital's workplace violence incidents, and an analysis of how the program's policies and procedures, training, education, and environmental design reflect best practices and conform to applicable laws and regulations.
Rationale	A successful approach to evaluating the effectiveness of a workplace violence prevention program requires the performance of a worksite analysis. Environmental modifications are then implemented based on findings from the analysis. With best practices and applicable laws and regulations constantly evolving, hospitals must also review the program's policies and procedures, training, and education for consistency with the latest recommendations.
Reference*	1. Arbury, S., Zankowski, D., Lipscomb, J. & Hodgson, M. (2017) Workplace violence training programs for health care workers: an analysis of program elements. Workplace Health & Safety. 65(6), 266-272. DOI: 10.1177/2165079916671534. 2. International Association for Healthcare Security and Safety Foundation Evidence Based Healthcare Security Research Committee. (2019) IAHSF RS-19-02-"Threat assessment strategies to mitigate violence in healthcare." https://iahsf.org/assets/IAHSF-Foundation-Threat-Assessment-Strategies-to-Mitigate-Violence-in-Healthcare.pdf 3. McPhaul, K.M., London, M. & Lipscomb, J.A. (2013) A framework for translating workplace violence intervention research into evidence-based programs. The Online Journal of Issues in Nursing. Volume 18. Published online 1/1/2013. Accessed 11/16/2020 from http://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-18-2013/No1-Jan-2013/A-Framework-for-Evidence-Based-Programs.html?css=print 4. Occupational Safety and Health Administration, United States Department of Labor. (2016). "OSHA 3148-06R 2016: Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers." https://www.osha.gov/Publications/osh3148.pdf 5. The Joint Commission Division of Healthcare Improvement. (2019) Quick safety: de-escalation in health care. Issue 47.

www.jointcommission.org

Issue 47 | January 2019

Issue:

The need for using de-escalation techniques has become more prevalent as violence in health care settings increases. De-escalation is a first-line response to potential violence and aggression in health care settings.¹ The Centers for Disease Control and Prevention (CDC) has noted a rise in workplace violence, with the greatest increases of violence occurring against nurses and nursing assistants.² A three-year study in the

American Journal of Nursing
patient's family member
emergency department

The purpose of this Quick S is to provide aggressive and agitated techniques; this Quick S provides information and training.

It should be noted that what constitutes the goal contend with conflicting have concluded that the

- Preventing violence
- Avoiding the use of force
- Reducing patient resistance
- Maintaining the patient's dignity
- Improving staff safety
- Enabling patient participation
- Helping patients to understand their condition

A number of assessment tools are available to help health care professionals recognize the aggressive patient, including:

- STAMP (Staring, Tone and volume of voice, Anxiety, Mumbling, and Pacing) is a validated tool for use in the ED.⁵
- Overt Aggression Scale (OAS) is a reliable tool for use in the inpatient setting for children and adults.⁶
- Broset Violence Checklist (BVC) has been validated for use in the adult inpatient psychiatric unit.⁵
- Brief Rating of Aggression by Children and Adolescents (BRACHA) has been found to be a valid tool for use in the ED to determine the best placement on an inpatient psychiatric unit.⁶

De-escalation models

The following cyclical de-escalation models from the literature advocate considerable flexibility in the use of different skills and interventions:

- The **Dix and Page** model consists of three interdependent components: assessment, communication and tactics (ACT). Each should be continuously revisited by the de-escalator during the incident.¹
- Similar to Dix and Page, the **Turnbull, et al.** model additionally describes how the de-escalator evaluates the aggressor's response to their use of de-escalation skills by constantly monitoring and evaluating feedback from the aggressor. The authors stress that flexibility in individual cases is more important than basing de-escalation on a few well practiced skills, or using those skills in a pre-determined order, since what may be de-escalatory for one person may be inflammatory for another.¹
- A linear model is the **Safewards Model**, which begins with delimiting the situation by moving the patient or other patients to a safe area, and maintaining a safe distance; clarifying the reasons for the anger using effective communication; and resolving the problem by finding a mutually agreeable solution. The model stems from a randomized control trial conducted in the United Kingdom to look at actions that threaten safety and how staff can act to avoid or minimize harm. The trial concluded that simplistic interventions that improve staff relationships with patients increase safety and reduce harm to both patients and staff.⁴

A complimentary publication of The Joint Commission

Issue 59, April 17, 2018

Physical and verbal violence

"I've been bitten, kicked, punched, pushed upon," says Lisa Tenney, RN, of the Mary have been bullied and called very ugly names. "I've been threatened with harm to my unborn child, and of my other family members. I've been escorted to my car."¹

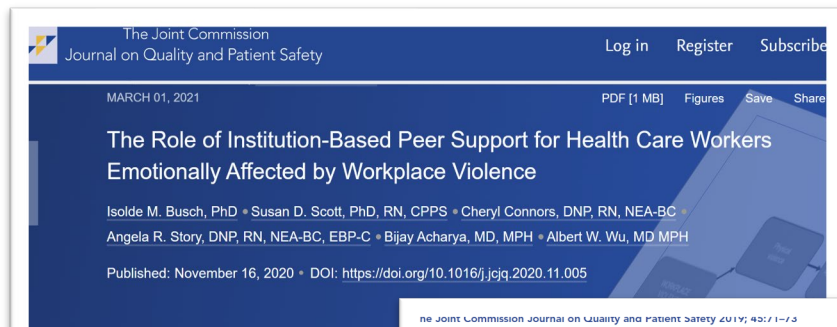
Situations such as these describe some health care workers. Workplace violence that make the news; it is also the everyday that are often overlooked. While this *Ser* verbal violence, there is a whole spectrum undermine a culture of safety, addressed 57;^{2,3} those types of behaviors will not be this alert is to help your organization receive violence directed against health care workers prepare staff to handle violence, and mo

- encourage conversations about workplace violence during daily unit huddles, including team leaders asking each day if any team members have been victims of physical or verbal abuse, or if any patients or family situations may be prone to violence.
- Develop systems or tools to help staff identify the potential for violence, such as a checklist or questionnaire that asks if a patient is irritable, confused or threatening.
- Develop a protocol, guidance and training about the reporting required by the hospital safety team, OSHA, police, and state authorities. For example, [Western Connecticut Health Network developed a protocol](#) to be used after incidents of workplace violence against employees.⁴⁵
- Create simple, trusted, and secure reporting systems that result in transparent outcomes, and are fully supported by leadership, management, and labor unions.⁴⁶ Protect patient and worker confidentiality in all reporting by presenting only aggregate data or removing personal identifiers.¹⁰

Published for Joint Commission
accredited organizations and
interested health care
professionals, *Sentinel Event
Alert* identifies specific types of
sentinel and adverse events
and high risk conditions,
describes their common
underlying causes, and
recommends steps to reduce
risk and prevent future
occurrences.

Accredited organizations should consider information in a *Sentinel Event Alert* when designing or redesigning processes and consider implementing relevant suggestions contained in the

Workplace Violence – Journal Resources



Methods	Background
Results	Academic health centers with
Discussion	identified a significant increase
Conclusion	in workplace violence (WPV) exposure. It
References	focused on supportive interventions
Article Info	exposed to WPV. This study
Figures	examined two long-standing programs
	at the University of Michigan Health
	System's (MU Health Care) for
	Hospital's (JHH) RISE (Resilient
	WPV support, retrospective
	share generalizable lessons



The Joint Commission Journal on Quality and Patient Safety 2019; 45:74-80

TOOL TUTORIAL

Using a Potentially Aggressive/Violent Patient Huddle to Improve Health Care Safety

Lori A. Larson, RN, MAN, NE-BC; Janet L. Finley, RN, MS, APRN; Tera L. Gross, RN, DNP, NE-BC; Ann K. McKay, RN, MS; Julie M. Moenck, MBC, PMP; Mary A. Severson, RN, PhD; Casey M. Clements, MD, PhD

expected situations
warranting increased
safety incidents h
the emergency depart
disciplinary quality
Plan-Do-Study-Act
Aggressive/Violent
patient at risk for
participated in the h
transfers in the second
in the ED and the s
change PDSAs (vs
with the process im
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potential to decrease t



- 2 Tackling Workplace Violence: The Role of Leadership
Health care workers in hospitals are five times more likely to experience injuries from workplace violence than workers in other private industries. This article addresses some key tactics health care leadership can implement to keep workers and patients safe.
- 10 Infographic: Workplace Violence in Health Care Settings
According to OSHA, nearly 75% of the 25,000 workplace assaults reported annually involved health care and social service settings. And research indicates that more than 80% of home health care workers report violence each year.

Compendium of Resources

<https://www.jointcommission.org/resources/patient-safety-topics/workplace-violence-prevention/compendium-of-resources/>



Purpose

- Free + accessible tools/resources
- Provide guidance/assist with compliance

Layout

- Introduction, including the new or revised requirements
- Resource table
- Reference list
- Index organized by associated topic

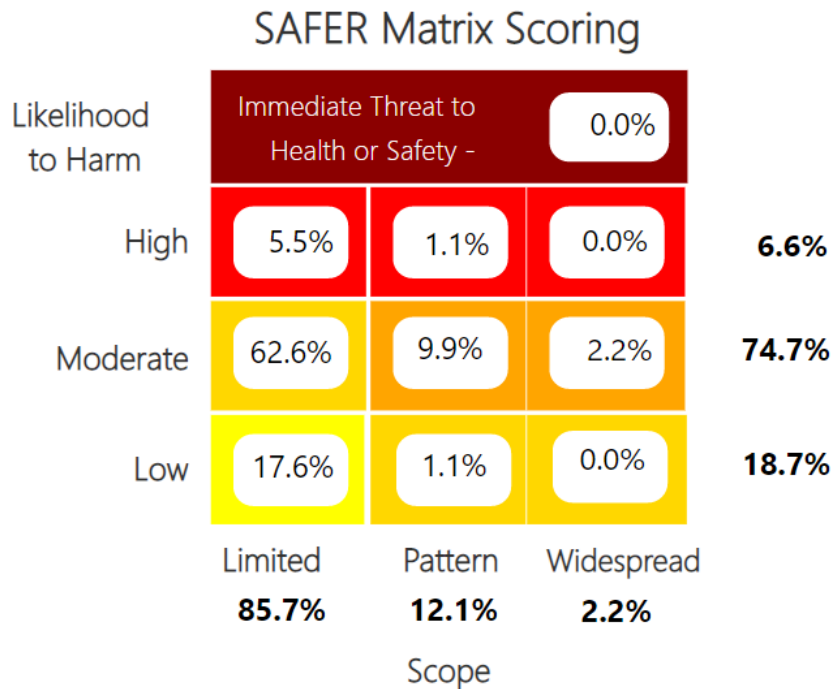
Questions?

workplaceviolence@jointcommission.org

Workplace Violence Prevention Compendium of Resources to Support Joint Commission Accredited Hospitals in Implementation of New and Revised Standards



SAFER USA



Thank you

- For additional information please contact:
workplaceviolence@jointcommission.org

- For general questions:

Department of Standards and Survey Methods
DSSMinquiries.jointcommission.org

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Healthcare Systems**

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Question & Answer



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