

When Patients ^{and Families or Visitors} Cross the Line Workplace Violence Pilot

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INTRODUCTION

Have you or your staff experienced workplace violence in the last 30 days? Violence against healthcare providers on medical surgical units is a continually growing national epidemic. Learn how one organization addressed reporting, identification, and culture to decrease violent events.

After a quality improvement project found that on average only twenty percent of violence against staff was being reported each month, this facility opted to address these behaviors and put processes in place to support their employees.

The objectives of this performance improvement project were to:

- Improve reporting of workplace violence incidences.
- Develop a workplace violence reduction program

METHODS


First, the under reporting of workplace violence incidence through education and communication on what and how to report was addressed. This education was achieved through a huddle script that was presented at the daily safety huddle, at the Nursing Leadership Council, and daily unit huddles for two weeks. In this facility, huddle scripts are standardized, written materials to be used by huddle leaders to provide education to staff.

The second aim of this project was to prepare staff and leaders to address behavior and to create a “no violence zone” culture. Three medical/surgical units with high incidence of violent patient episodes were selected for a pilot project. All staff on these units were given education through online modules on how to address violent behavior and how to protect themselves. Leaders from these units completed the modules, as well, as a 1.5 hour class on addressing aggressive patients.

“No violence” signs were placed in patient rooms and waiting areas. The Broset Violence Screening tool was used to score each patients likelihood of escalation. High or moderate risk patients also had a sign placed outside to alert staff of potential for aggressive behavior. Staff caring for high risk patients were provided a personal duress alarm to be worn on their name badge to call for assistance if needed (The Joint Commission, 2018). For 5 weeks the units participated in the pilot. During this time 3,570 Broset screenings were completed, 535 patients screened moderate risk for escalation and 130 screened high risk. During this time frame there were 26 incidences of escalations and the personal duress alarms were used 10 times.

RESULTS

Prior to the first intervention this facility had an average of 5 episodes reported per month, after huddle script education the facility has seen an increase in reporting to an average of 25 episodes per month for the last 6 months.



To: Baylor Scott & White Health, Temple Region
From: Nursing Administration
Date: December 4, 2017
Subject: Huddle Script - Documenting Workplace Violence by Patients and Visitors

Health care workers are almost 5 times more likely to become victims of workplace violence than employees in any other industries.

Workplace violence is defined as “violent acts directed toward persons at work or on duty.”


Examples include:

- Verbal or written threats to cause harm to the employee.
- Sexual language and commentary in the employees’ presence.
- Threatening body language (e.g. drawing back a fist or punching the wall.)
- Lewd sexual behavior (e.g. masturbating, deliberately exposing genitalia in employees’ presence or intentionally groping employee.)
- Physical assaults (e.g. pinching, scratching, biting, spitting, slapping, striking, kicking, beating, throwing objects, use of weapons and homicide.)

Implications for Employees

Violent behavior from patients or visitors is unacceptable.

ALL incidents must be documented in **Midas**, the Online Adverse Event Reporting System.



→ Document – if you witness or experience any of the behaviors listed above.

→ Document – regardless of the patient (or visitor’s) mental, cognitive or medical status.

→ Document – even if your patient (or visitor) is “known” for this type of behavior.

→ Document – even if it also happened on another shift.

→ Document – even though your unit Leadership Team knows about the event.

→ Document – even if Patient Relations or Security has been notified.

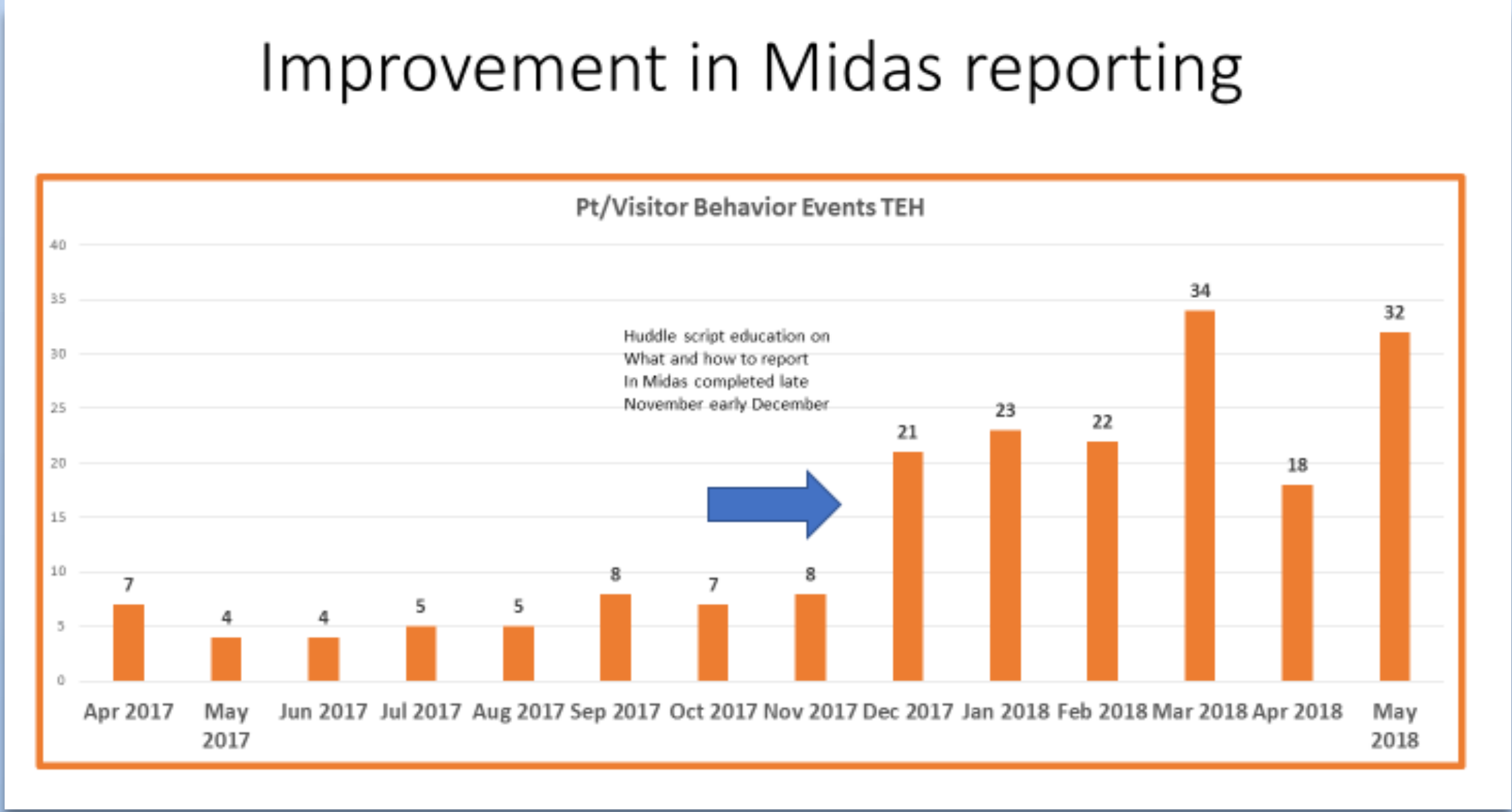
→ Document – even though you have informed the patient’s Provider.

→ Document – even if the patient is under the custody of a correctional or peace officer.

Data source: Bureau of Labor Statistics, 2014 data.
Reference: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health. (2014). Workplace Violence in Health Care (NIOSH Publication No. 2002-285). Retrieved from <https://www.cdc.gov/niosh/docs/2002-285/pdfs/2002-285.pdf>



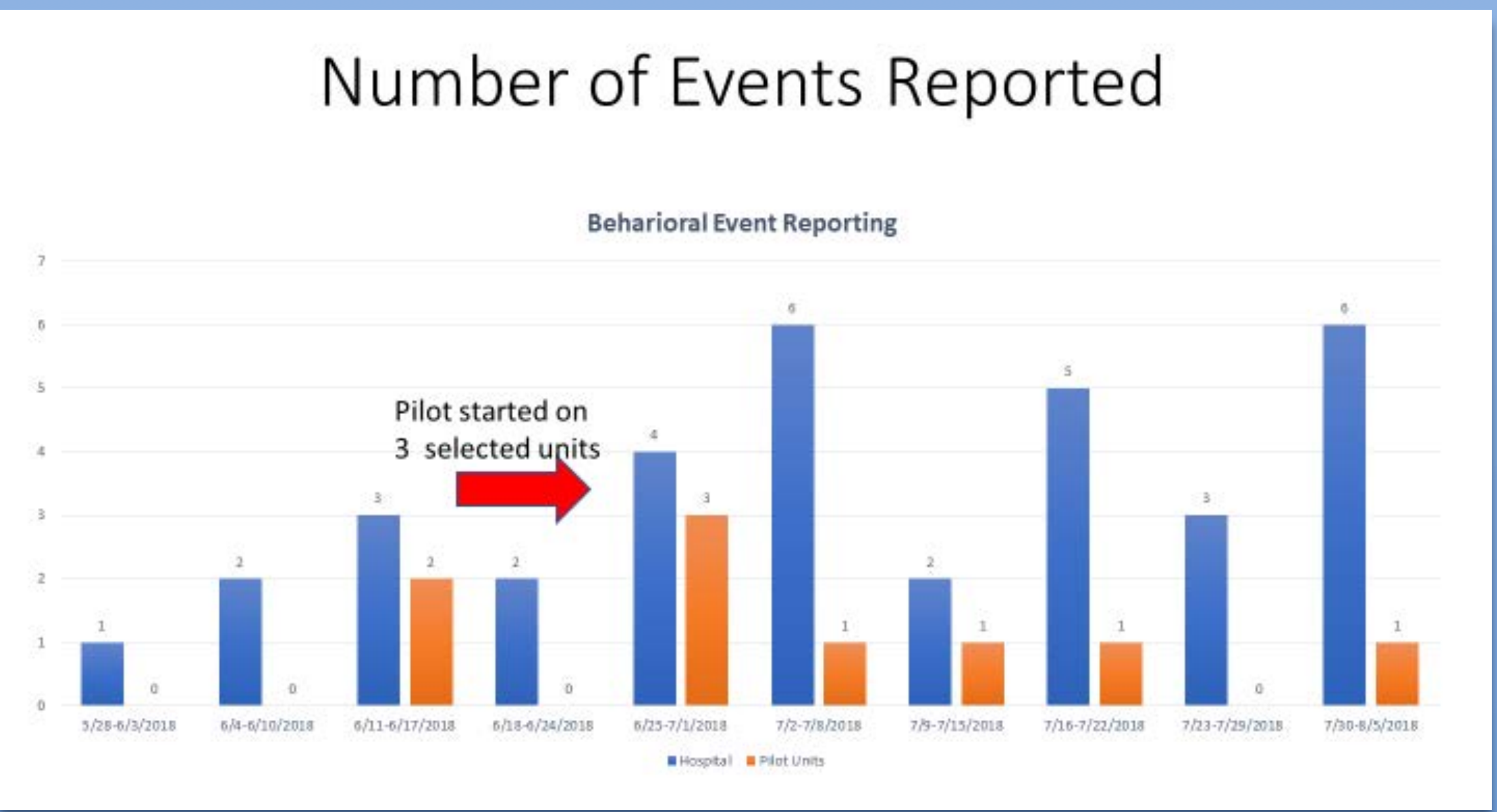
On the pilot units the number of adverse events per week reduced from around 3 per week to an average of 0.8 events per week. Data showed staff and leaders felt the education provided improved their knowledge on how to manage violent patients.



Signage

Large No Violence sign in Waiting Area

No Violence sign in all patient rooms and Yield danger sign outside rooms that screen high/moderate risk



FUTURE PLANS

- Present pilot findings to System Workplace Violence Council for approval to roll out to all units/departments.
- Request screening tool be added to Epic
- Request patient flags in Epic to identify patients who screen moderate or high risk
- Evaluate best personal duress systems to utilize
- Signage to be updated and spread to all inpatient and ambulatory units



REFERENCES

Occupational Safety and Health Administration. (2018). Preventing Workplace Violence in Healthcare. Retrieved from United States Department of Labor: <https://www.osha.gov/dsg/hospitals/workplace-violence.html>

The Joint Commission. (2018, April 17). Physical and verbal violence against health care workers. Retrieved from Sentinel Event Alert: https://www.jointcommission.org/assets/1/18/SEA_59_Workplace-violence-4-13-18-FINAL.pdf