

Session IV: Workplace Violence Against Nurses

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**Texas Department of State Health Services
Texas Center for Nursing Workforce Studies**

**Workplace Violence
Against Nurses
Study**

Background

- 84th Texas Legislative Session – House Bill 2696 (2015)
- Directed Texas Center for Nursing Workforce Studies (TCNWS) to conduct study on workplace violence against nurses in hospitals, freestanding emergency medical care facilities (FECs), nursing facilities, and home health agencies (HHAs).

Background

- TCNWS Advisory Committed formed a Task Force to guide project.
- Two Parts for Project:
 - 1) Survey of employers of nurses to gather information on workplace violence prevention policies and practices.
 - 2) Survey of individual nurses to gather information on their personal experiences with workplace violence.

Two Surveys Completed to Date

- 1) 2016 Workplace Violence Against Nurses in Texas – Individual Nurse and Facility Surveys
- 2) 2018 Workplace Violence Against Nurses Facility Survey

**2016
Workplace Violence
Against Nurses
Study Results -
Individual Nurse & Facility**

2016 Survey Results Summary

- Survey of individual nurses and a survey of employers of nurses.
- Most nurses experienced some kind of violent act in the workplace in the past 12 months.
- ***Verbal abuse*** was the most common type of workplace violence experienced by nurses.
- ***Patients*** were the most commonly reported group to commit violent acts against nurses.

2016 Survey Results Summary

- Majority of facilities implemented a program/ policy that includes prevention of workplace violence against nurses.
- Most common type of workplace violence prevention training nurses reported receiving was *workplace violence awareness training*.
- Most facilities' policies included:
 - ✓ Workplace violence prevention training
 - ✓ Assessment of work areas for risk factors
 - ✓ Required reporting of incidents
 - ✓ Investigation of reported incidents

2018
Workplace Violence
Against Nurses Facility
Study Results

Study Methods

- Timeframe – October 2018 to January 2019
- Sent to administrators in hospitals, FECs, nursing facilities, and home health agencies.
- 26-question survey related to practices and strategies used by organizations to prevent workplace violence against nurses.
- 414 responses with 17% response rate.
- Due to low response rates, nursing facilities and home health agencies excluded from analysis.

2018 Survey Results Summary

- 70% of responding facilities implemented a workplace violence prevention program or policy.
- Majority of workplace violence prevention programs or policies include:
 - Required reporting of incidents (91% hospitals, 93% of FECs)
 - Investigation of reported incidents (91% of hospitals, 78% of FECs)
 - Prevention training (90% of hospitals, 78% of FECs)

2018 Survey Results Summary

- *Workplace violence awareness training* was most common type of training provided.
- Facilities identified workplace violence awareness training as most effective strategy in preventing workplace violence against nurses.
- More than two-thirds of responding hospitals and FECs indicated that such training was required in all departments/units for their clinical and non-clinical nursing staff.

Components Included in Facilities Workplace Violence Prevention Policies

Component*	Hospital	FEC
Workplace violence prevention training	89.3%	77.8%
Assessment of work areas for risk factors	77.3%	66.7%
Required reporting of incidents	90.7%	92.6%
Investigation of reported incidents	90.7%	77.8%
Screening patients for risk of violence	52.7%	63.0%
A multi-disciplinary incident response team	51.3%	18.5%
Other	4.7%	11.1%

Types of Violent Incidents Nurses are Required to Report

	Hospital	FEC
Physical assault from patient or visitor	94.3%	92.6%
Physical assault from staff or health care provider	93.6%	92.6%
Threat from staff or health care provider	92.1%	85.2%
Threat from patient or visitor	91.4%	88.9%
Sexual harassment from staff or health care provider	90.7%	88.9%
Sexual harassment from patient or visitor	89.3%	88.9%
Verbal abuse from staff or health care provider	86.4%	74.1%
Verbal abuse from patient or visitor	81.4%	85.2%
Incident reporting is not required	2.9%	3.7%

Types of Workplace Violence Prevention Training Provided to Nurses by Facilities

Type of Training*	Hospital	FEC
Workplace violence awareness training	92.0%	100.0%
Training on proper techniques for de-escalation	72.8%	57.1%
Training on specific evasion techniques	56.2%	42.9%
Training on proper patient containment measures	55.6%	50.0%
Training on identifying characteristics associated with aggressive and violent behavior	66.0%	60.7%
Other	3.7%	0.0%

Most Successful Workplace Violence Prevention Strategies Used by Facilities

Prevention Strategy*	Hospital	FEC
Staff training	29.7%	22.9%
Involving law enforcement	12.6%	31.4%
Restricted access	13.7%	5.7%
Alarms and monitors (including panic buttons)	7.1%	22.9%
Static or rounding security personnel	9.3%	8.6%
Use of emergency codes	9.9%	0%
A multi-disciplinary response team	7.1%	0%
Emergency response team	2.2%	2.9%
Exit strategies	2.7%	0%
Personal protective equipment	1.6%	2.9%
Availability of restraints and policies for use	1.6%	2.9%
Chaperones (visiting in pairs)	1.1%	2.9%
Use of screening tool for patients at risk for violence	1.1%	0%
Availability of escorts	0.5%	0%
Reducing crowding in clinical environment	0.5%	0%
Metal detectors	0.5%	0%

Grant Program

- House Bill 280, 85th Texas Legislature, 2017, added Section to include a **workplace violence prevention grant program**.
- TCNWS administers grant program to fund innovative approaches for reducing verbal and physical violence against nurses in hospitals, freestanding emergency medical care facilities, nursing facilities, and home health agencies.

Grant Program

2 Rounds of Funding

Round 1 (2019)

- 7 awards statewide
- 4 North Texas based hospitals:
 - Baylor Scott & White All Saints Medical Center
 - Baylor Scott & White Medical Centers
 - Methodist Health System
 - Parkland Health & Hospital System
- Round 2 (2020-21)

Grant Program

Methodist Health System

- Awarded: \$89,903
- Project: Train-the-trainer program. One of the strengths of this project is that their performance measures go beyond decreasing the number of violent incidents reported to include measures such as levels of staff confidence.

Grant Program

Parkland Health & Hospital System

- Awarded: \$325,000
- Project: Implement a multi-pronged approach for workplace violence prevention that includes staff training/education, personal protective equipment, physical and environmental infrastructure, a peer support program, and a community awareness campaign.

Grant Program

Baylor Scott & White Medical Centers

- Awarded: \$36,162
- Project: Implement a multi-faceted education program. Their approach is innovative in proposing adapting a screening tool that has been primarily used in psychiatric units for use across all settings.

Grant Program

Baylor Scott & White All Saints Medical Center

- Awarded: \$47,802
- Project: Implement a multi-faceted education and training program rolled out to all current staff and then incorporated into onboarding process. This program will serve as a pilot for the hospital system.

More Information

2016 Workplace Violence Against Nurses in Texas

https://www.dshs.texas.gov/chs/cnws/WorkforceReports/2016_WPVAN.pdf

2018 Workplace Violence Against Nurses Survey:

https://www.dshs.texas.gov/chs/cnws/WorkforceReports/2018_WPVAN.pdf

Workplace Violence Study/Program:

<https://www.dshs.texas.gov/chs/cnws/Workplace-Violence-Study.aspx>

Texas Center for Nursing Workforce Studies:

<https://www.dshs.texas.gov/chs/cnws/default.shtm>

Questions?

Sally Williams

Workforce Center Director

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Session IV: Workplace Violence Against Nurses

Panel Members

Penny Huddleston, PhD, RN, NEA-BC, CCRN
Nurse Scientist, Baylor Scott & White Medical Center Irving

Winnie Neal, MSN, RN-BC
Director of Nursing Education and Professional Development, Methodist Dallas Medical Center


Jill Bennis, MSN, MBA/HCM, RN, C-ENP, RN-BC,
Director of Clinical Education, Parkland Health & Hospital System

Panel Facilitator

Linda Plank, PhD, RN, NEA-BC
Associate Dean for Academic Affairs, Baylor University Louise Herrington School of Nursing

Penny Huddleston, PhD, RN, NEA-BC, CCRN

Nurse Scientist, Baylor Scott & White Medical
Center Irving



and Families or Visitors

When Patients Cross the Line

TANYA BEARD MSN, RN-BC

SHONNA BRACCO DNP, RN, NEA-BC

REBECCA CALHOUN MSN, RN-BC, SCRNP, NEA-BC

SARA LAACK BSN, RN, CDE

ZACK WEEKLEY MSN, RN-BC

PENNY HUDDLESTON, PHD, RN, NEA-BC, CCRN

North Texas Division Claims of Abuse 2018

ABUSE TYPE	CONTRACTOR	EMPLOYEE	HTPN PATIENT	PHYSICIAN	VISITOR	(blank)	Grand Total
BEHAV-ALLEGED ABUSE - PHYSICAL		21			3	90	114
BEHAV-ALLEGED ABUSE - SEXUAL		3				9	12
BEHAV-ALLEGED ABUSE - VERBAL		15	1	4	15	151	186
BEHAV-DISTURBANCE / DISRUPTIVE		10		3	39	225	277
COND-ALLEGED ABUSE - PHYSICAL		3				4	7
COND-ALLEGED ABUSE - SEXUAL	1	2			1	9	13
COND-ALLEGED ABUSE - VERBAL	1	46		24	1	26	98
COND-DISTURBANCE / DISRUPTIVE		25		14	1	26	66
COND-THREATS TO PATIENT/STAFF		7		1		6	14
Grand Total	2	132	1	46	60	546	787

Patients & Visitors

Our facilities are healing environments free of any type of violent or aggressive behavior. Please treat others with courtesy and respect. Aggressive or violent behavior will not be tolerated.

Examples of prohibited behavior are:

- Emotional, physical or verbal abuse or assault
- Harassment
- Threatening or violent behavior
- Abusive or sexual language
- Bullying

Anyone who shows aggressive or violent behavior may be removed from the facility and/or the facility or staff may take additional legal actions including pressing criminal charges.

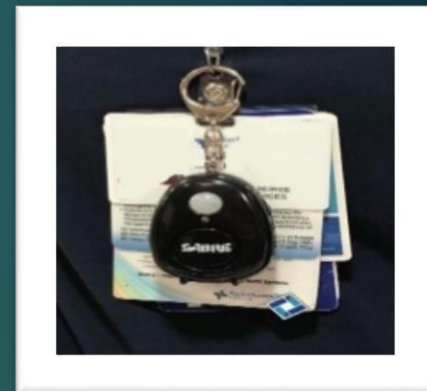


High Risk Patients

Room	Nurse	PCT

Date:

Shift:



The Broset Violence Checklist (BVC) - quick instructions: Absence of behavior gives a score of 0. Presence of behavior gives a score of 1. Maximum score (SUM) is 6. If behavior is normal for a well known client, only an increase in behavior scores 1, e.g. if a well known client normally is confused (has been so for a long time) this will give a score of 0. If an increase in confusion is observed this gives a score of 1.

Nurse _____

Date _____

Shift _____

Patient Label

Confused	
Irritable	
Boisterous	
Verbal Threats	
Physical Threats	
Attacking Objects	
Sum	

Patient Label

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The Broset Violence Checklist Interpretation and Operationalization Interpretation of scoring:

- Score = 0 The risk of violence is small
- Score = 1-2 The risk of violence is moderate. Preventive measures should be taken.
- Score > 2 The risk of violence is very high. Preventive measures should be taken in addition, a plans should be developed to manage the potential violence.

Confused - Appears obviously confused and disorientated. May be unaware of time, place or person.
Irritable - Easily annoyed or angered. Unable to tolerate the presence of others.
Boisterous - Behavior is overtly "loud" or noisy. For example slams doors, shouts out when talking etc.
Physically threatening - Where there is a definite intent to physically threaten another person. For example the taking of an aggressive stance; the grabbing of another persons clothing; the raising of an arm, leg, making of a fist or modelling of a head-butt directed at another.
Verbally threatening - A verbal outburst which is more than just a raised voice; and where there is a definite intent to intimidate or threaten another person. For example verbal attacks, abuse, name-calling, verbally neutral comments uttered in a snarling aggressive manner.
Attacking objects - An attack directed at an object and not an individual. For example the indiscriminate throwing of an object; banging or smashing windows; kicking, banging or head-butting an object; or the smashing of furniture.

Do Not Scan into Chart

▶ Broset Violence Checklist

▶ Screened once on admission or transfer

▶ If a low risk, the patient does not need anymore screenings unless there is a behavior change

▶ If moderate or high, complete each shift until low

▶ Does not get scanned in to chart!

North Texas Division Claims of Abuse

April 2019 to August 2019

Count of Inc. No.	Column Labels					
	⊕ Apr	⊕ May	⊕ Jun	⊕ Jul	⊕ Aug	Grand Total
Row Labels						
⊕ BEHAV-ALLEGED ABUSE - PHYSICAL	15	15	12	15	18	75
⊕ BEHAV-ALLEGED ABUSE - PHYSICAL & SEXUAL / INAPPROPRIATE TOUCH			3	2	5	10
⊕ BEHAV-ALLEGED ABUSE - SEXUAL		2				2
⊕ BEHAV-ALLEGED ABUSE - SEXUAL / INAPPROPRIATE TOUCH	2			1	1	4
⊕ BEHAV-ALLEGED ABUSE - VERBAL	17	14	18	22	19	90
⊕ BEHAV-DISTURBANCE / DISRUPTIVE	16	16	11	29	16	88
⊕ COND-ALLEGED ABUSE - PHYSICAL		1		2		3
⊕ COND-ALLEGED ABUSE - VERBAL	8	3	6	10	8	35
⊕ COND-DISTURBANCE / DISRUPTIVE	6	8	7	4	5	30
⊕ COND-THREATS TO PATIENT/STAFF	1	1				2
Grand Total	65	60	57	85	72	339

Winnie Neal, MSN, RN-BC

Director of Nursing Education and Professional
Development, Methodist Dallas Medical Center

Workplace Violence Against Nurses

Winnie Neal MSN, RN-BC



Trust. Methodist.

Grant Initiatives

- Culture Change
 - Implement Workplace Violence Policy
 - Post signage throughout Methodist Health System reflecting our zero tolerance policy
 - Hold focus groups

Grant Initiatives

- Training
 - Certify 8 New SAMA Instructors
 - 20 ED RNs complete SAMA training
 - 150 ED RNs complete De-Escalation training

Grant Outcomes

- Increase in workplace violence reporting
- ED RNs Trained to Date:
 - De-Escalation -159
 - SAMA - 120
- De-Escalation confidence increased from 6.28 pre-training to 8.86 post-training
- Patient Safety Huddles changed to Safety Huddles
- Focus groups revealed some "surprises"

Lessons Learned

- Clear staff through Employee Health prior to SAMA training
- Nurse Residents expressed inexperience in handling potentially violent situations
- Importance of “closing the loop” when workplace violence occurs
- Hardwiring training is imperative
- Comprehensive approach needed

Jill Bennis, MSN, MBA/HCM, RN, C-ENP, RN-BC,

Director of Clinical Education, Parkland Health &
Hospital System

Performance Measures and Outcomes – Form D

Workplace Violence Against Nurses Prevention Grant Program

Name of Applicant: Parkland Health & Hospital System
Applicant's Health Care Facility: Parkland Health & Hospital System
Total Funding Requested for Grant Period (ending 8/31/2021): \$ 195,000.00
Applicants must propose at least two performance measures for short-term and long-term outcomes of the program as they relate to the program goals. All applicants must include measures of change in the severity and frequency of verbal and physical violence against nurses in their facility. Actual measures must be reported in status reports and the final project report.

Goal	Performance Measure	Proposed Outcome	Measurement Source	Baseline Measure	Expected Measure	Actual Measure
EXAMPLE: Reduce physical violence against nurses in my facility	EXAMPLE: Number of reported incidents	EXAMPLE: 10% decrease in reported incidents	EXAMPLE: Monthly incident report log	EXAMPLE: Sept 2018: 100 reported incidents	EXAMPLE: 90 reported incidents October – December 2018	EXAMPLE: Oct. - 95 Nov. - 90 Dec. - 89
Reduce total number of reported WPV incidents against nurses (RN, LVN)	Total number of reported WPV in Safety Center	Decrease number of reported WPV events by 5%	Monthly WPV Report	70	average of 69 reported incidents per quarter.	June- 75 July 68 Aug- 65
Reduce the total number of physical WPV incidents against nurses.	Total number of reported WPV in Safety Center	Decrease total number of physical WPV incidents against nurses by 5%.	Monthly WPV Report	27	20 reported incidents /month	June- 26 July- 25 Aug 36
Reduce the aggregated severity of reported WPV incidents against nurses	Severity levels of reported WPV in Safety Center	Reduce aggregated severity of reported WPV events by 5%	Monthly WPV Report	3.8	3.04	June- 4.12 July- 4.13 Aug- 4.08
Increased SPARKS encounters for incidents related to WPV against nurses	Total number of SPARKS encounters reported related to nursing WPV events	Increase in SPARKS Encounters related to WPV by 5%	Monthly SPARKS Encounter Report	4	4.2	June- 1 July- 3 Aug -2