



Preventing Violence in Health Care

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Scope of the Issue

- Healthcare & social assistance workers are nearly five times more likely to be injured & require time away from work as a result of WPV (OSHA, 2016)
- Highest rates of WPV usually in the ED, but also the ICU and Med-Surg.
- Some professionals more at risk
- Active Shooter events rare
 - Between 2000 and 2011, 154 shootings with injury either inside a hospital or on the grounds (Phillips, 2016)
- Perpetrator mostly the patient
- **High level of underreporting**

Scope of the Issue

Oregon 2013-2018

- 2,961 accepted disabling claims (ADCs) for non-fatal assaults in all industries
 - 10% in private hospitals
 - 2% in Ambulatory health care services
- Majority claims - nurses aides, orderlies, attendants, nurses
- Most common event: Hitting, kicking, beating, shoving – 84%

Source: <https://www.oregon.gov/dcbs/reports/Pages/index.aspx>

The Costs of Workplace Violence

- **Direct Costs**

- Workers comp injury claims

- **Indirect Costs**

- Staff replacement costs
(temp or permanent)

- **Operational Costs**

- Impact of psychological stress, PTSD, burnout, presenteeism
- Increased sick leave & staff turnover
- Lower quality of care
- Decreased efficiency
- ‘Human’ error & accidents
- Insurance costs
- Property damage
- Litigation
- Security needs – personnel & equipment; modifying facility design

Why Does WPV Occur in Health Care?

Clinical Risk Factors

Substance abuse & mental illness, history of violence

Environmental Risk Factors

Noise, crowded waiting areas, open access, poorly lit areas

Organizational Risk Factors

Wait times, communications, staffing, lack of effective training, working alone, working with cash and/or narcotics, lack of situational awareness

Social and Economic Risk Factors

Financial stress, domestic violence, access to weapons

Oregon WPV Law

Workplace Violence Against Health Care Employees or “Safety of Health Care Employees” (2007)

1. Conduct periodic security and safety assessments
2. Develop and implement an assault prevention and protection program
3. Provide assault prevention and protection training
4. Maintain a record of assaults

Workplace Safety Initiative (WSI) – Pilot Program

- In 2014 OAHHS formed a work group with member hospitals, SEIU Local 49, and the Oregon Nurses Association.
- Goal: To collaboratively address two of the leading causes of health care worker injury in Oregon
 - Workplace violence and manual patient handling
- Eight volunteer hospitals on 10 pilots (5 sites on each issue)
- Variety of differences between hospital pilot sites
 - Level of established program, hospital facility size, region of the state
- Hospitals worked on pilots from fall 2015 to mid-2017

What Was Developed Out of the Pilots?

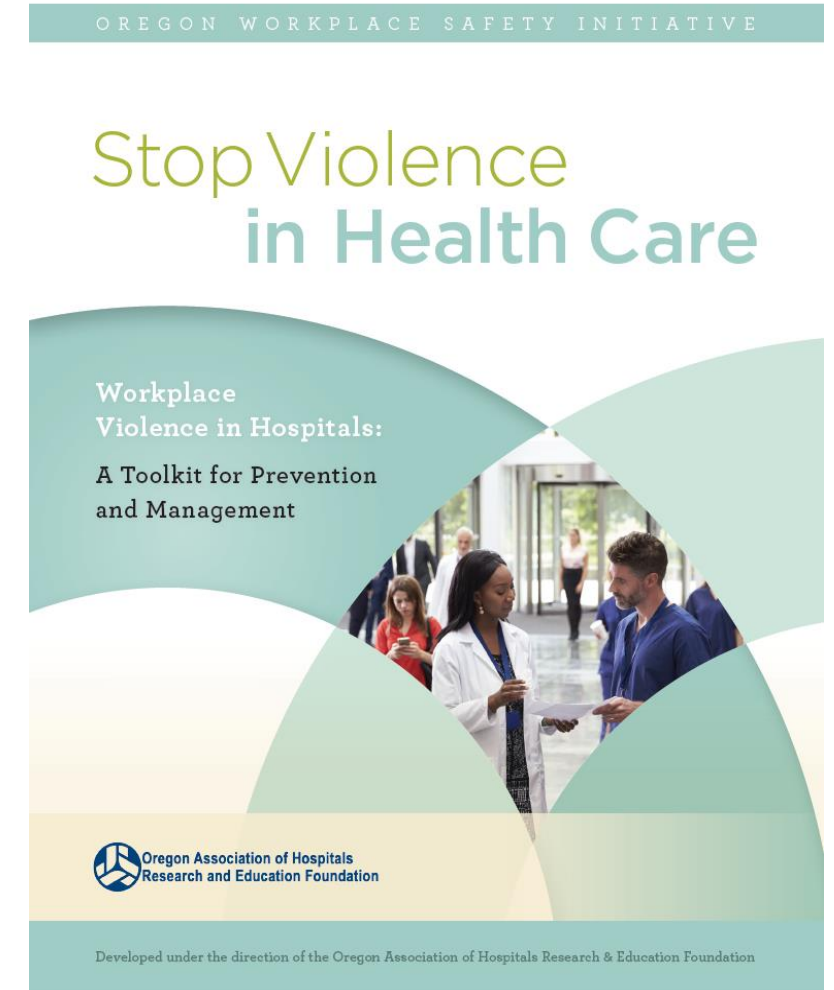
Workplace Violence Prevention Toolkit

<https://www.oahhs.org/safety>

Endorsed by

- Oregon Nurses Association
- Service Employee International Union – Local 49
- Oregon Medical Association
- Oregon Emergency Nurses Association
- Oregon Chapter of the American College of Emergency Physicians
- Northwest Organization of Nurse Executives
- Oregon Center for Nursing

Recommended Resource by the Joint Commission



Toolkit Structure

- Web-based
- Chapter for each program topic with:
 - Brief overview of topic and instructions for how to use tool(s) provided
 - References
 - Other external resources
- Tools provided in PDF and Word and/or Excel
- Lessons learned incorporated throughout the toolkits

<https://www.oahhs.org/safety>

Purpose of the Toolkit

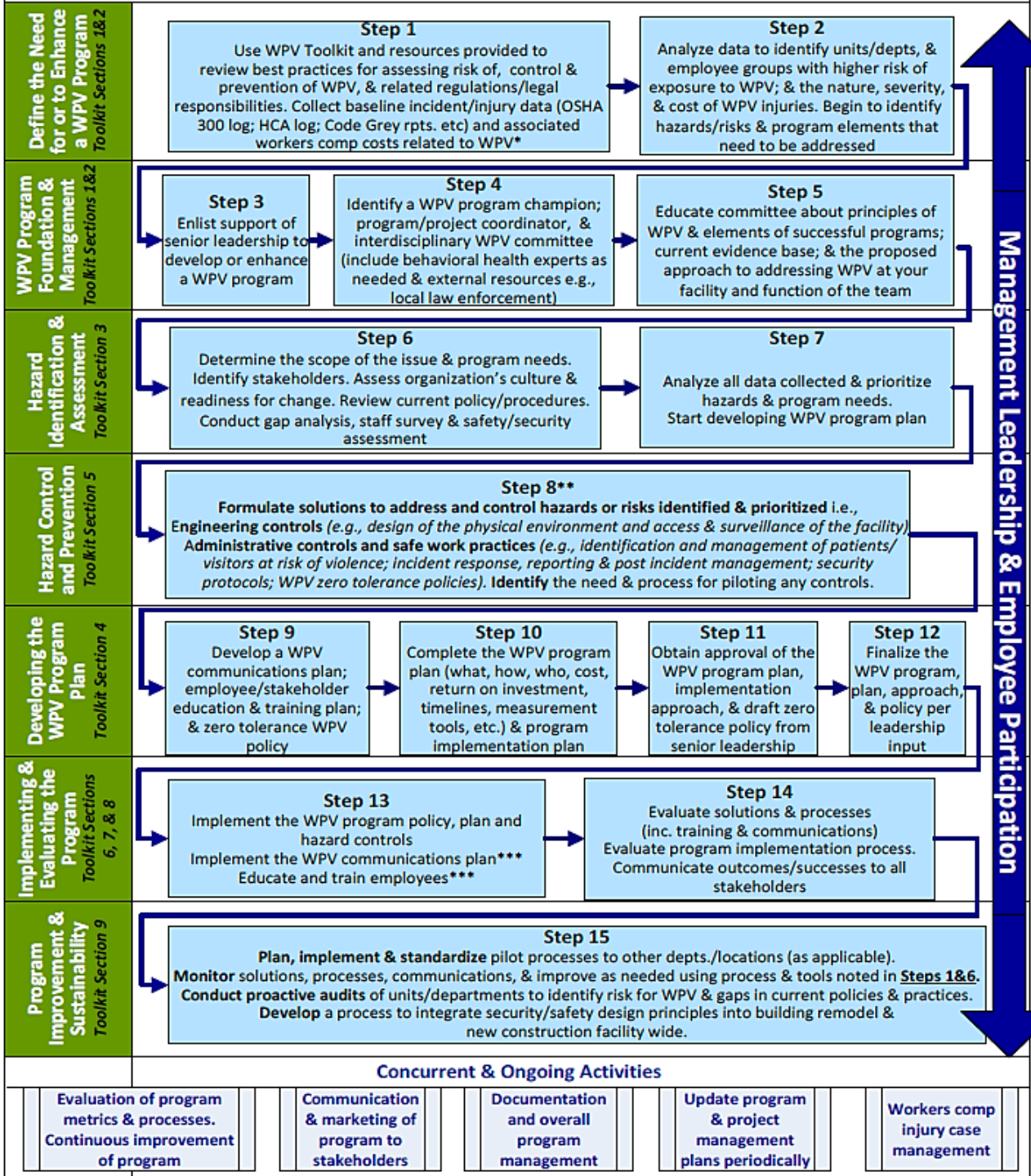
- Evaluate a hospital's WPV program and practices against current best practices in WPV prevention and management;
- Identify and engage stakeholders and enhance the culture of worker and patient safety;
- Develop or strengthen the WPV program plan and policy by identifying processes that can be implemented to address the risk of violence proactively;
- A suggested framework and strategies to aid program implementation, evaluation, and sustainability.

What Makes This Toolkit Different and Valuable?

- Provides new tools that were developed and trialed by Oregon hospitals
- Provides a roadmap of all program elements that are needed to implement comprehensive programs
- Includes related resources in one location
- Instructional chapters and tools
- Facilitates the sharing of best practices and reduces the need to ‘reinvent the wheel’
- Product of collaboration between direct care workers, management, and field experts

Suggested Sequence of Activities

Workplace Violence Prevention Program Development, Implementation & Evaluation



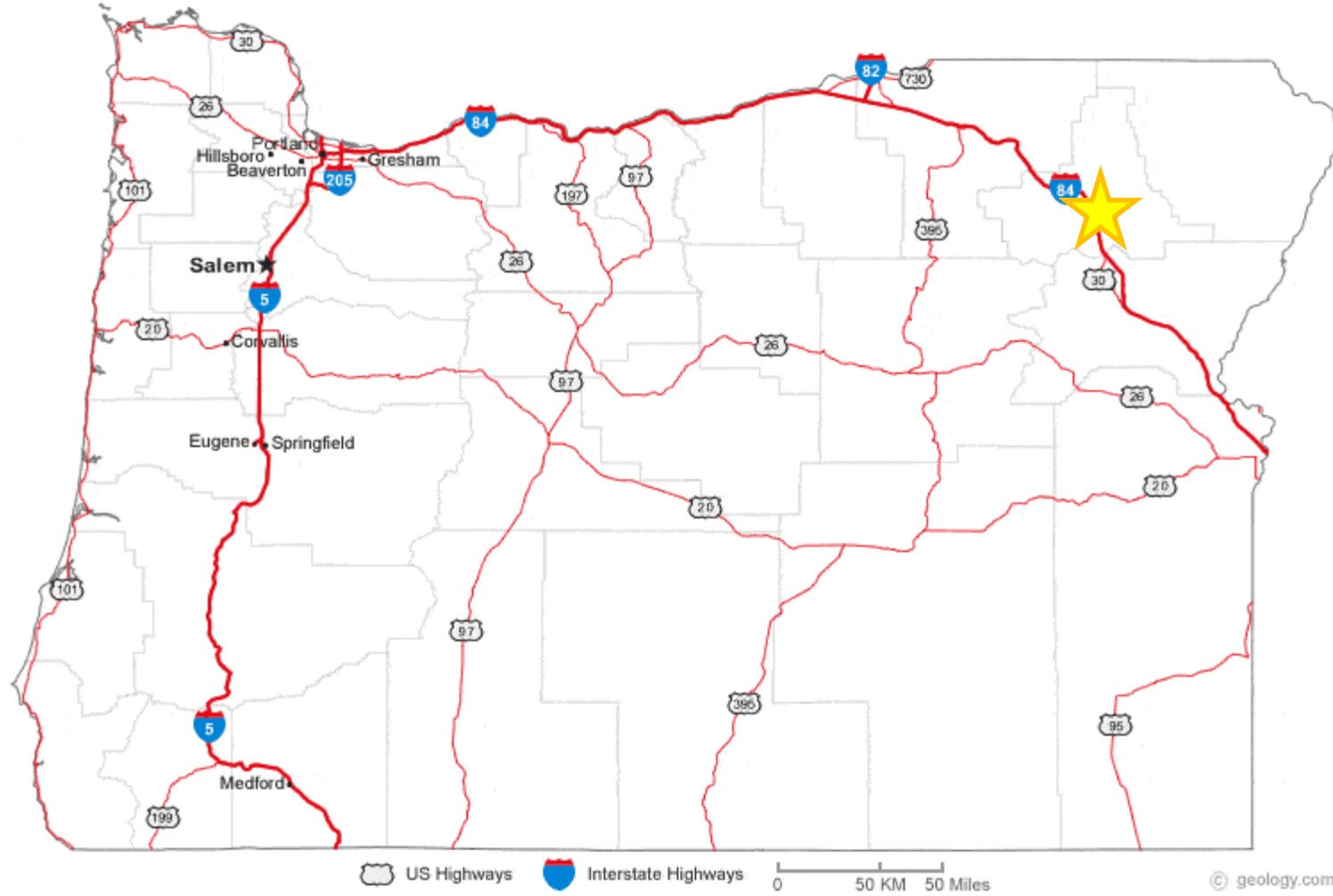
Grande Ronde Hospital



About Us

- Grande Ronde Hospital – La Grande, Oregon
- 25-bed Critical Access Hospital
 - 10 outpatient clinics
- Serves a population of over 25,000
- Only hospital in Union County
- Surrounded by “frontier” counties
- Hospital employs over 700 people

About Us



WSI Project Process

1. Define the scope of hazards related to violence and the impact on the organization (what, where & cost)
 - a) Review existing policies and procedures
 - b) Analyze incident, injury & cost data from last 5 years
 - c) Complete gap analysis of existing programs
 - d) Conduct staff survey
 - e) Conduct hazard analysis via facility walkthrough (ongoing)

WSI Project Process

2. Identify best approach for program development based on all data collected
 - Prioritize activities to be completed
 - Determine who will manage and facilitate the project plan and committee membership
 - Develop project/program plan (business plan) with strategic & tactical elements
 - Assign responsibilities and timelines
 - Identify tools and resources needed

WSI Project Process

3. Obtain management approval & support of the plan
4. Develop program tools as needed
5. Implement the program, including any pilot activities
6. Evaluate program process & outcomes
7. Roll out program to other units/tasks as applicable



Thank You