84th Annual Washington State Hospital Association Member Meeting

Compassionate, Seamless Care

Washington State Hospital Association

Caring for Our Caregivers:

Preventing Hospital Workplace Violence

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84th Annual Washington State Hospital Association Member Meeting

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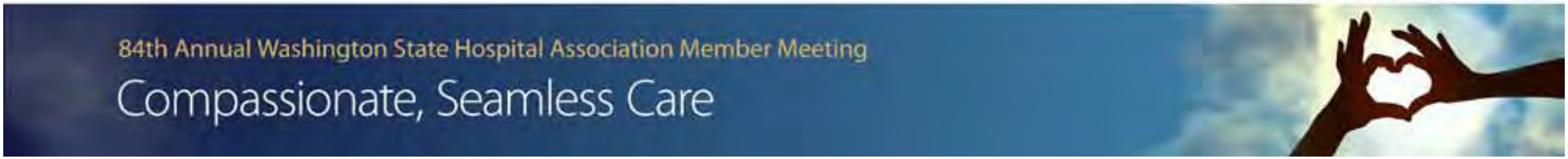

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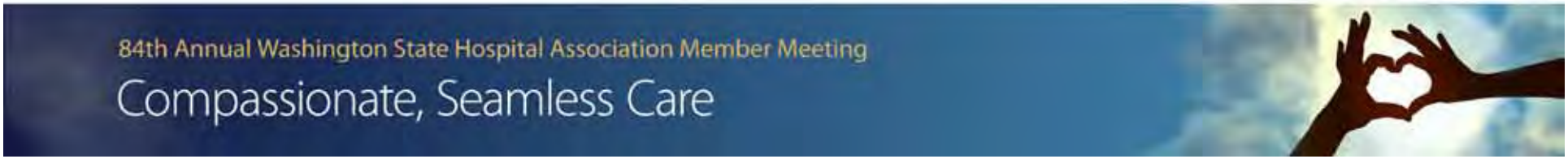

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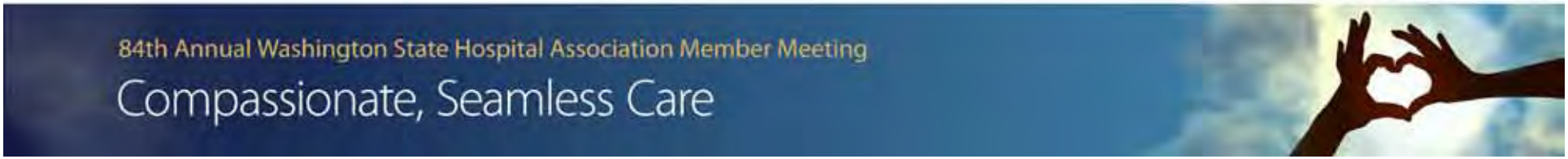
KONICA MINOLTA | ENTERPRISE CONTENT MANAGEMENT



Peg Currie, RN, Regional Chief Nursing and Clinical Officer, Providence Healthcare

Alex Jackson, Chief Executive, Holy Family Hospital & Sacred Heart Medical Center

Lorraine Wall, RN, Chief Nursing Officer, Olympic Medical Center

Lucia Austin-Gil, RN, Senior Director, Patient Safety, WSHA

PROVIDENCE Health Care

Approach to Workplace Violence in Healthcare

A Safe Workplace

Is

No Accident

WSHA Annual Meeting
October 2016
Peg Currie
Alex Jackson

The Rise in Violence in Healthcare is Real

- 24,000 workplace assaults annually with 75% in health care settings
- 93% of workplace violence activities in health care settings are related to patient and family
- Male nurses have a greater chance of physical abuse, females of verbal abuse
- Highest risk areas are

  Emergency Rooms,

  Inpatient Psychiatry,

  Long Term Care

- Level I Perpetrator has no association with the workplace or employees
- Level II Perpetrator is a customer or patient of the workplace or employees
- Level III Perpetrator is a current or former employee of the workplace
- Level IV Perpetrator has a personal relationship with the employees, none with the workplace.

Identifying Baseline

- The intent of the survey
  - perceptions and attitudes about current state
  - experiences. It covered the following:

    - Management commitment and employee involvement
    - Incidents and reporting
    - Hazard prevention and control
    - Training
    - Violent actions—perception and experience

Staff Experiences with Level II

"I'm watching a new reality show on National Geographic. It's a spin-off of 'When Animals Attack.' It's called 'When Patients Attack.'"

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Survey Assessment

- Appropriate physical environment--includes facility safety, means of escape, visibility, lack of crowding, efficient flow
- Effective duress/communications systems are in place
- Adequate security lighting
- Sufficient staffing and skill mix
- Training and awareness in emergency procedures

Is this Violence?

Team Engagement in Solutions

- Scheduled a full day workout
- Interdisciplinary
  - Nursing, security, HR, employee health, behavioral health, transport
- Multiple Sites
  - Hospitals – urban and rural
  - Ambulatory – urgent cares & physician clinics

Workout Objectives

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1. Review current policies and procedures pertaining to workplace violence in PHC

2. Identify gaps in PHC's current workplace violence program and best practice for Workplace Violence Prevention Systems

3. Brainstorm and recommend solutions to close gaps in PHC's workplace violence prevention program

4. Build an ongoing framework for continuous improvement of PHC's workplace violence prevention program.

Workout Highlights

- Over 100 improvement opportunities identified
  - Improvements cover workplace violence program best practices
  - Proposed system includes short-term wins, but is robust with sustaining mechanisms (WPV maintenance and feedback)

- We can improve our safety without capital spending

- Participants are highly motivated and committed to caregiver safety
  - Workgroups have already begun
  - Implementation plan includes 2016 and 2017 timelines

Framework

1. **Prevention strategies**
   - Department assessment
   - Patient Identification
   - Safety strategies
2. **Intervention Strategies**
   - Caregiver training strategies – risk stratified
   - Security response expectations/support
3. **Post-incident Strategies**
   - Caregiver follow-up
   - Reporting, review, data collection and organizational follow-up
4. **Structure**
   - Workplace Violence Committee
   - Communication plan

Initiatives Underway

PROVIDENCE Health Care

1. Charter Workplace Violence Oversight Committees
2. Implement Post-Incident Procedure Process
   - Implement formal incident review
   - Coordinated caregiver support/follow-up
3. Implement a high risk for violence patient/family identification process (gray magnet)
4. Institute Community Policing / Proactive Engagement Model
   - Implement In House High Risk for Violence Rounds in security
   - Institute a Safety Report Out
5. Develop WPV Educational Plan
   - Complete "High Risk Caregiver" and "Areas of High Risk Grid"
6. Organize and refine WPV policy and procedures
7. Create an easier pathway to report safety concerns
8. Communicate the plan!

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Workforce Safety

WSHA Annual Meeting

October 13, 2016

Lorraine Wall RN, MSN - Chief Nursing Officer

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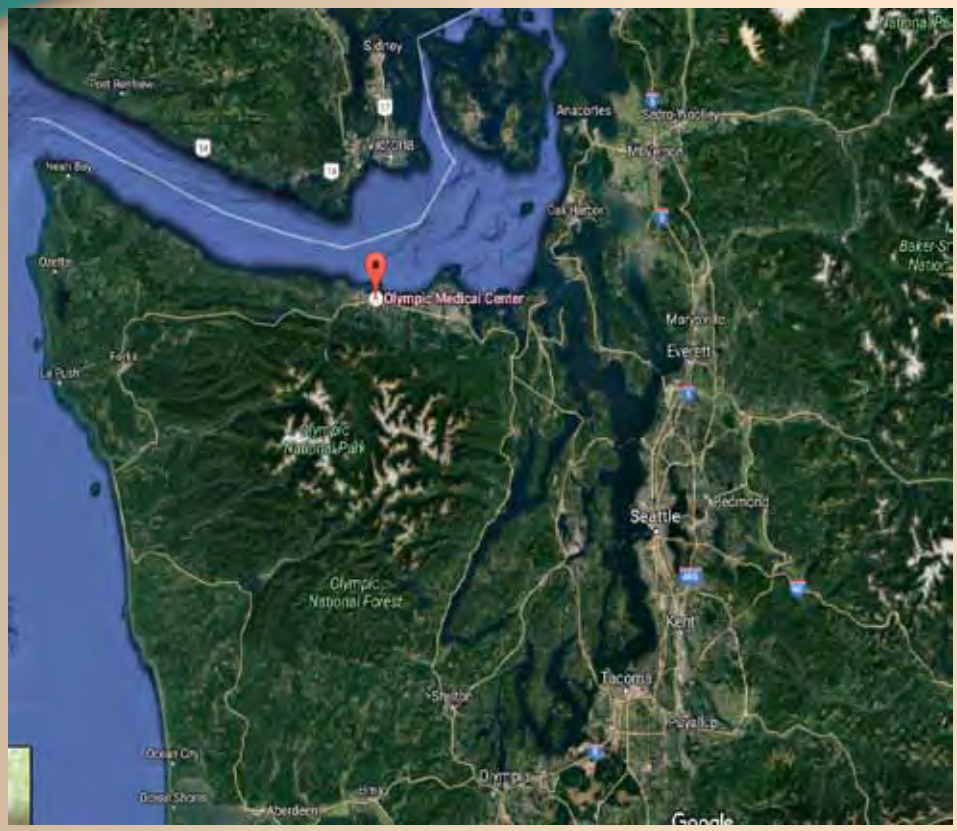
Location/Demographics



- Public Hospital District
- 67 beds
- Level 3 Trauma Center
- Campuses in Sequim and Port Angeles
- 5,000 admissions/year
- 32,000 ED visits/year
- Approx. 70,000 residents

What Brought OMC to this Discussion?

- Behavioral health patients
- Alcohol intoxication/withdrawal
- Acute drug use/withdrawal
- Dementia/delirium
- Patients and/or family angry with any aspect of care

Behavioral Health Patients

Involuntary Treatment Act

	ITA Detained	Single Bed Certification
2011		6
2012		34
2013	97	47
2014	112	53
2015	145	52
2016 (Jan – July)		34 YTD

Single Bed Certifications

- Patients kept in the Emergency Dept.
- Admitted to ICU

New Plan

Meet with key stakeholders to include leadership, frontline staff and community members.

Improvement Work

- Physical work environment
- Adequate staffing
- Appropriate training
- Policies and tools that support the work
- Effective communication
- Leadership support

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Emergency Department Expansion Sept. 2015

- 14 to 20 Beds
- Two behavioral health Rooms
- Four swing rooms
- All six rooms fully monitored for audio-visual surveillance at two nursing stations

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Emergency Department Swing Rooms

- Fully monitored ED bed for critical patient
- Coiling door for head-wall
- Carts easily removed
- Boots to lock stretcher to the floor

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Taskforce

Ideas for a Safe Room

- How many?
- Where should they be placed?
- What should they look like?
- Who needs to be on the team?
- What special considerations?

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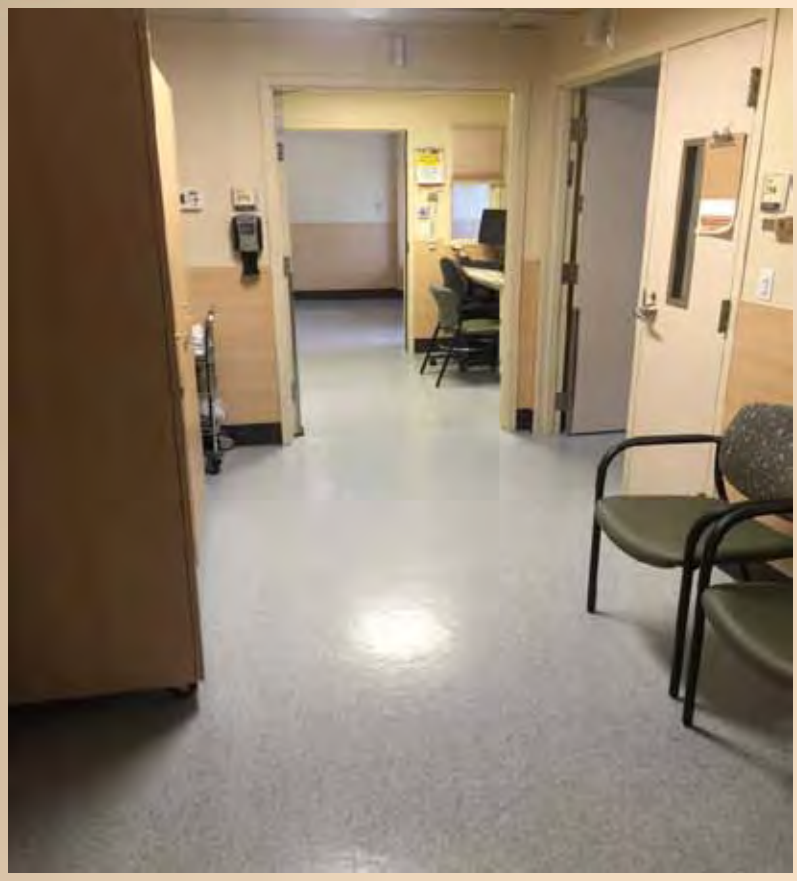
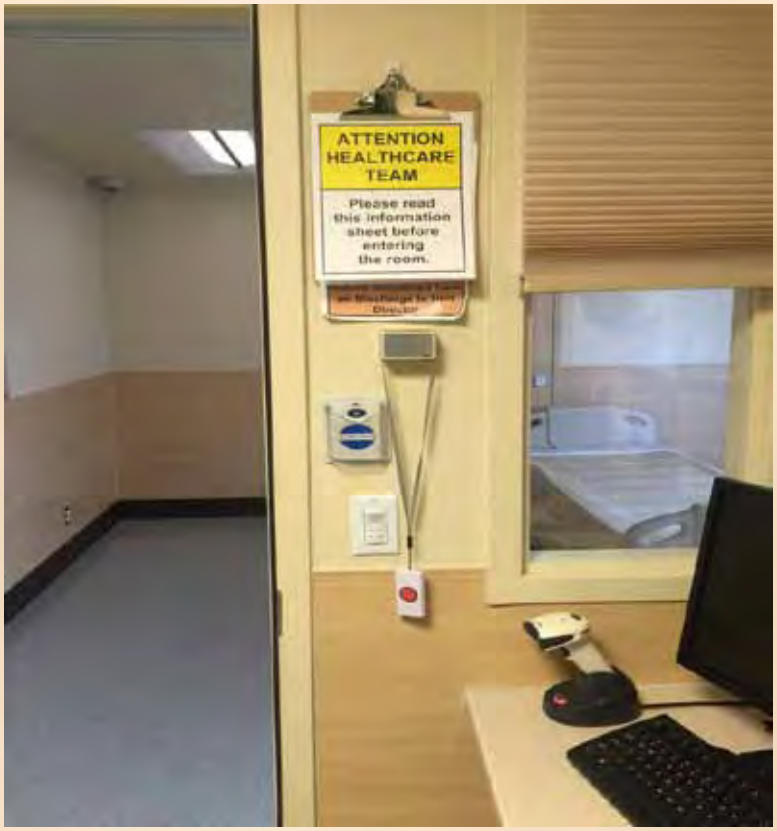
Safe Rooms





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Adequate Staffing

- Adjusting staffing ratios
- Increased FTEs in Security
- Creation of a float CNA pool
- Use of 1:1 staff

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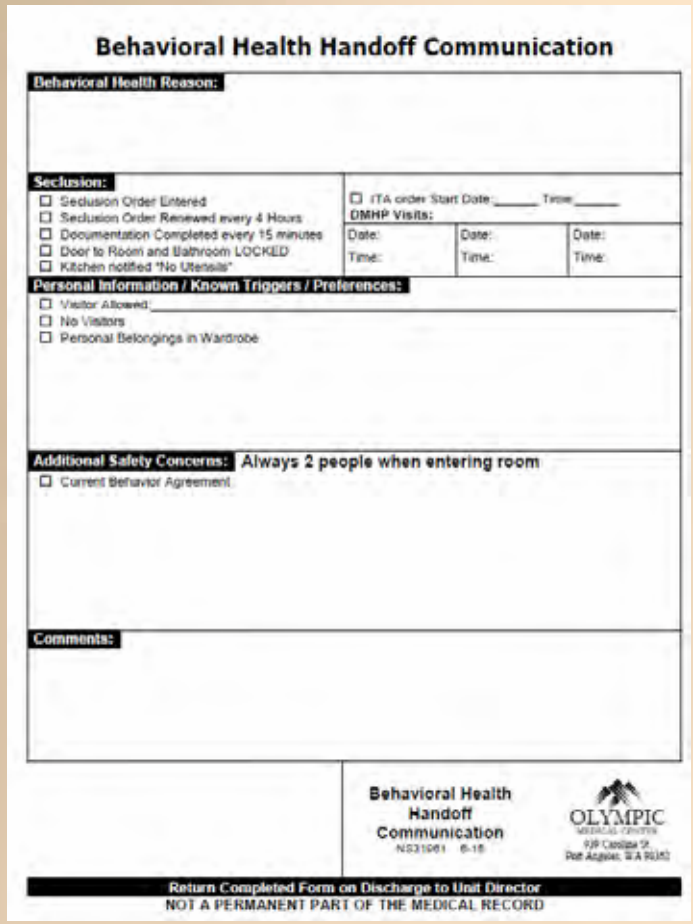
Effective Communication



Behavioral Health Handoff Communication

Behavioral Health Reason:

Seclusion:

- ☐ Seclusion Order Entered
- ☐ Seclusion Order Renewed every 4 Hours
- ☐ Documentation Completed every 15 minutes
- ☐ Door to Room and Bathroom LOCKED
- ☐ Kitchen notified "No Utensils"

☐ ITA order Start Date:_____ Time:_____

DMHP Visits:

Date: Time:	Date: Time:	Date: Time:

Personal Information / Known Triggers / Preferences:

- ☐ Visitor Allowed:_____
- ☐ No Visitors
- ☐ Personal Belongings in Wardrobe

Additional Safety Concerns: Always 2 people when entering room

- ☐ Current Behavior Agreement

Comments:

Behavioral Health Handoff Communication
NS31961 6-15

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939 Caroline St.
Port Angeles, WA 98362

Return Completed Form on Discharge to Unit Director

NOT A PERMANENT PART OF THE MEDICAL RECORD

SECLUSION ITA DEBRIEFING FORM (Complete within 96 hours after event)

Department: _____ Date: _____

DMHP Daily Visits: ☐ No ☐ Yes

Behavioral Health Checklist: ☐ No Nurse Check Issues ☐ No Security Check Issues ☐ No Patient Check Issues

_____

_____

☐ **ITA Suicidal** ☐ **ITA Homicidal** ☐ **ITA NO Seclusion** ☐ **Seclusion**

Psychiatric Evaluation Completed: ☐ No ☐ Yes; Date/Time _____

Treatment Plan in Chart: ☐ No ☐ Yes

Code Gray Called: ☐ No ☐ Yes; Date/Time:_____

Restraints Used: ☐ No ☐ Yes; Type of Restraint:_____

_____

_____

Resolution: ☐ Transfer ☐ ITA Discontinued Other:_____

_____

_____

Staffing Ratios Followed: ☐ No ☐ Yes

_____

_____

Staff Safety Issues:_____

_____

_____

Injuries:_____

_____

_____

Successes:_____

_____

_____

Opportunities for Improvement:_____

_____

_____

_____

_____

Seclusion ITA Debriefing
NS31996 7-15

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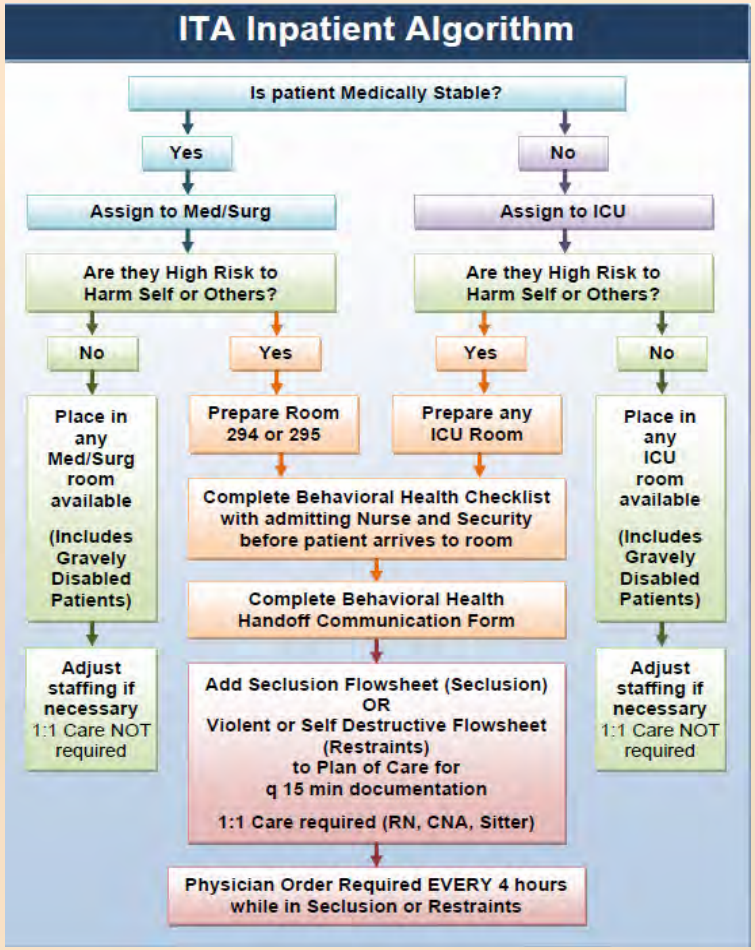
Work Aids

- Policies
- Algorithms/decision trees



Crisis Prevention Institute (CPI) Training

- Trained five instructors
- Two levels of training for staff depending upon job classification
- Modify training based on feedback
- Required education for all OMC employees

Leadership Support

- Leadership rounding
- Listening to staff stories
- Acknowledging fears, real or anticipated

Questions, Requests,

Recommendations?

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