FHA PFE Learning Collaborative & We Have Your Back Worker Safety Collaborative

Engaging Patients and Families in Workplace Violence Prevention

February 8, 2018
Today’s Agenda

Welcome & Overview
Susan Kimper, NCH Healthcare System

John Wilgis, FHA

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Discussion

Resources
Team Introductions

- Allison Sandera
  Project Manager
  FHA PFE Learning Collaborative
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- John Wilgis, MBA, RRT
  Director, Emergency Management Services
  WHYB – A Worker Safety Collaborative
  john@fha.org
ReadyTalk Webinar Platform Overview

Two ways to interact with speakers today:

1. Type questions or comments into chat (let us know if you wish to remain anonymous!)

2. Raise hand (*7 to unmute your line when called upon)
We Have Your Back- A Hospital Worker Safety Collaborative

We Have Your Back is an FHA workforce safety initiative focused on assisting hospitals and health systems reduce or eliminate preventable occupational injuries and protect the health care personnel in their organization.

WHYB emphasizes the need to align the organizational culture of safety to include worker safety along with patient safety and quality. Education, tools and resources are provided to assist the organization in achieving the program goals.
What Is Workplace Violence?
Definition:
Violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty.

From 2002 to 2013, incidents of **serious** workplace violence were four times more common in healthcare than in private industry on average.
Sources of Serious Workplace Violence

- Patient: 80%
- Other client or customer: 12%
- Student: 3%
- Coworker: 3%
- Other person (not specified): 1%
- Assailant/suspect/inmate: 1%
Who's Receiving the Serious Violence

- Psychiatric Aides: 590/10,000
- EMS Personnel: 60/10,000
- Nursing Assistants: 55/10,000
- Registered Nurse: 14/10,000
- Private Industry: 4.2/10,000
Serious Violent Event Causes

- Nursing, psychiatric, and home health aides
  - Hitting, kicking, beating, shoving
  - Injury by physical contact with person while restraining or subduing—unintentional
  - Injury by other person—unintentional or intent unknown—not elsewhere classified

- Registered nurses
  - Hitting, kicking, beating, shoving
  - Injury by physical contact with person while restraining or subduing—unintentional
  - Injury by other person—unintentional or intent unknown—not elsewhere classified

- Licensed practical and vocational nurses
  - Hitting, kicking, beating, shoving
  - Injury by physical contact with person while restraining or subduing—unintentional
  - Injury by other person—unintentional or intent unknown—not elsewhere classified

Number of cases
Types of Workplace Violence

Describes the relationship between the perpetrator and the target of workplace violence

- Type 1 - Criminal Intent
- Type 2 - Patient/Visitors
- Type 3 - Co-Worker
- Type 4 - Personal
Risk Factors for Violence

- Working directly with volatile people
- Working when understaffed—especially during meal times and visiting hours
- Transporting patients
- Long waits for service
- Overcrowded, uncomfortable waiting rooms
- Working alone
- Poor environmental design
- Substance abuse
- Inadequate security
- Lack of staff training and policies for preventing and managing crises with potentially volatile patients
- Access to firearms
The Bottom Line

Violence in hospitals usually results from patients and occasionally from their family members who feel frustrated, vulnerable, and out of control.
The Patient and Family Engagement (PFE) Learning Collaborative is focused on assisting hospitals and health systems to explore PFE strategies within their organizations through education and collaboration.

The PFE Learning Collaborative emphasizes the need to align the organizational culture with patient- and family-centered care practices. Tailored resources, monthly educational webinars, one-on-one coaching calls, and more are provided to assist participating hospitals in achieving individual goals such as improving the patient experience or establishing/expanding a Patient and Family Advisory Council (PFAC).
What is Patient and Family Engagement?
**Definition:**
Patients, families, their representatives, and health professionals working in active partnership at various levels across the health care system-direct care, organizational design and governance, and policymaking-to improve health and health care.

-Carman et al, 2013

A partnership approach builds a safer and healthier atmosphere for both the workers and the patients.
A multidisciplinary team, including patients and families, is required to address workplace violence.
Patient Input

Patients and their families can also provide valuable input to help the workplace violence prevention team identify risk factors, understand patients’ perspectives, and design effective solutions. Facilities have sought patient input in many different ways, such as:

- Patient surveys or other formal surveys.
- Informal surveys or focus groups. For example, one behavioral health hospital asked patients for input about what type of security presence in their unit (uniformed, etc.) would make them feel most comfortable and safe.
- Interviewing or surveying patients both before and after an intervention. For example, one behavioral health hospital installed a metal detector at its methadone clinic, and learned from clients that this intervention made many of them feel safer.
- Enlisting patients to participate in research to identify triggers to violence, daily activities that may lead to violence, and effective responses. (See New Hampshire Hospital’s story on page 13.)
Susan Kimper, MSN, RN-BC
Director of Psychiatric Medicine and the Nursing Registry
NCH Healthcare System
PREVENTING WORKPLACE VIOLENCE BY ENGAGING WITH PATIENTS AND FAMILIES

PRACTICAL SOLUTIONS TO KEEP EVERYONE SAFE IN HEALTHCARE
Disclosure

I have no actual or potential conflict of interest in relation to this program/presentation.
OBJECTIVES

As a result of this talk participants will be able to:

1. Describe the impact of workplace violence on healthcare today.

2. Discuss initiatives that can engage patients and families in creating a positive solution to the problem.

3. Listen to ideas of others in the HIIN/ PFE, WHYB and all EM contacts on this topic.
EXPERTS WHO’VE INFORMED MY PRACTICE

William Edwards Deming: Management consultant quality: Ask the workers because they know.
Ida Jean Orlando, BSN, MA - Nursing Theorist: Thoughts, feelings, perceptions
Quint Studer- Hospital CEO- Healthcare leader: Prescriptive advice for improving many aspects of healthcare.
Jean Watson, BSN, MSN, Ph.D- Nursing Theorist: Primacy of Caring; Creating sacred moments
David Cooperider, Ph.D- Professor, leader, business including healthcare advisor: Appreciative inquiry: leveraging the positive core.
Gary Maier, Ph.D. University of Wisconsin Management of Aggression
Crisis Prevention Institute: Knowledgeable experts on managing crises for 30 years: The Integrative Experience; staff and patient’s are affected in a crisis and you need to match the patient’s behavior with the appropriate staff response.
Kirk Lalemand: Business executive: Non-Violence Psychological and Physical Interventions (NAPPI)
Jeff Mitchell: Crisis Incident Debriefing: Professor, National Institute of Crisis Management
James Redfield: Author, Professor Four patterns of energy: intimidator, interrogator, aloof and poor me.
Wendy Lebov: Managing partner Language of caring, author, lecturer
Teepa Snow, Occupational therapist, expert on dementia, Positive Approach to Brain Change
Dr. Terry Kimper, Psychologist, cognitive behavioral therapy, EMDR, behavior change, trauma informed care, life coaching
BEHAVIOR MANAGEMENT 101

• You get the behavior you tolerate, elicit and reward. Terry Kimper, Ph.D.
• Positive reinforcement works better than negative reinforcement. Psychology Today 2008
• Not all behavior is created equal.
• You have to know when to hold them, know when to fold them, know when to walk away and know when to run. Don Schlitz
  The Gambler
• “The best defense is a good offense.” Vince Lombardi
• Whose house? Our house!! Lincoln Academy
• Cider House Rules John Irving 1999
CIDER HOUSE RULES

1. Please, don't operate the grinder or the press if you've been drinking.
2. Please don't smoke in bed or use candles.
3. Please don't go up on the roof if you've been drinking—especially at night.
4. Please wash out the press cloths the same day or night they are used.
5. Please remove the rotary screen immediately after you've finished pressing and hose it clean WHEN THE POMACE IS STILL WET ON IT!
6. Please don't take bottles with you when you go up on the roof.
7. Please—even if you are very hot (or if you've been drinking)—don't go into the cold-storage room to sleep.
8. Please give your shopping list to the crew boss by seven o'clock in the morning.
9. There should be no more than half a dozen people on the roof at any one time.
Some Statistics related to Workplace Violence (Phillips 2016)

- Nearly 75 percent of all workplace assaults between 2011 and 2013 occurred in the health care industry;
- Between 2000 and 2011, 154 shootings resulted in an injury on the grounds of U.S. hospitals;
- 80 percent of emergency medical workers experience physical violence during their careers;
- 39 percent of nurses report verbal assaults each year; and
- 13 percent of nurses report physical abuse each year.
- Only 30% of nurses and 26% of physicians report incidents of workplace violence.
Violent Injuries Resulting in Days Away from Work, by Industry, 2002–2013

What is the Impact of Workplace Violence on Hospitals and Other Healthcare Settings

- Poor patient and family satisfaction, complaints and investigations
- Poor staff morale and satisfaction
- Staff injuries and high worker’s compensation costs
- High patient restraint use and patient injuries
- Power and control issues
- Fear
- Staff turnover
- Regulatory agencies sanctions and fines
- Lawsuits
Categories of Strategies to Deal with Workplace Violence  (Fleming 2002)

- Legislation/Regulation
  - Policy Zero Tolerance
  - Work Practice & Design
    - Work Practice
    - Management style
    - Job Design
    - Working time
  - Environmental Design
    - Surveillance
    - Access Control
    - Territoriality
    - Active Support
  - Training/Education
    - Aggression Management
    - Behavior Management
    - Sharing Knowledge
    - Ventilating Feelings
- Organization
  - Risk Assessment
  - Worksite Audit
  - Training Assessment
  - Past Violence Incident review
  - Post incident Strategies
    - Reporting and Monitoring Violence
    - Post assault intervention
CREATING A FRAMEWORK FOR PATIENT/FAMILY ENGAGEMENT WITH CONVERSATIONAL CAPACITY COMMUNICATION AND PROBLEM SOLVING

WOMAN WITHOUT HER MAN IS NOTHING
WOMAN WITHOUT HER MAN, IS NOTHING.
WOMAN: WITHOUT HER, MAN IS NOTHING.
WHAT IS STRESS??

DEFINITION
Stress is our body’s response to how we feel about what we think, about the meaning and significance of what we pay attention to. Dr. Terry Kimper
PARTS OF THE BRAIN STAFF NEED TO UNDERSTAND RELATED TO CRISIS

EMOTIONS ARE INTENDED TO HELP US TO SURVIVE: Fight, fright, freak, freeze, maternal/paternal love BUT SOMETIMES THEY GET IN THE WAY

- Amygdala (Mammal brain): part of the limbic system in the brain: emotions, stimuli, memory and motivations
- Pre-frontal cortex: (Mr. Spock or Mr. Data) frontal lobe of the brain Responsible for higher-level thinking skills, like analytical processing and executive decision-making. Also in charge of assisting with behavior modification.
- Hippocampus: part of the limbic system involving our memories. Attaches memories to emotions and senses.
- In dementia parts of the brain are dying and no longer functioning.
ALL VIOLENCE IS NOT CREATED EQUAL

**Violence** a disruption of human relations or situations that seeks to enforce the continuation of a given order. (Swanson 2004)

**Workplace Violence** A threat, an attempt, or the act of doing actual harm (we are only dealing with violence against a healthcare worker in this definition.) (OHSA)

**HOT VIOLENCE** (Maier 2001)
Reactive, instrumental, defensive and impulsive. Often responds to medication and behavior modification.
Emotions are sadness, anger, abandonment, fear

**COLD VIOLENCE** (Maier 2001)
Emotions are positive
Proactive, planned, instrumental and predatory

**SITUATIONAL VIOLENCE**. (Bowers 2014)
Verbal or physical violence that occurs when a patient is denied something they want to do, asked to do something they don’t want to do or to stop doing something they want to do. addition, it may be because they want more or a different medication, they are waiting too long to get their needs met, staff are enforcing hospital rules like no cell phones or television limits. (PSHSA 2017)

**Some warning signs** (Phillpot, Grimme 2009)
Anger
Blame
Confusion
Frustration
Hostility
Raised Voice
WHAT TYPES OF WORKPLACE VIOLENCE

• 1. Strangers
• 2. Co-workers
• 3. Customers/patients
• 4. Personal
• 5. Terrorism
What do patients want from Caregivers

- Respect for the patient's values, preferences, and expressed needs.
- Coordinated and integrated care.
- Clear information and education for the patient and family
- Physical comfort, including pain management.
- Emotional support and alleviation of fear and anxiety.
- Involvement of family members and friends, as appropriate.
- Continuity, including through care-site transitions.
- Access to care.
## A PERSON HAS TO KNOW THEIR LIMITATIONS

“Harry’s Law”  John Milius

### WHY DO WE NEED LOCKS?? Ask yourself: What is going on?

**TAKE THE TIME TO GET TO KNOW THE PATIENT FAMILY AND THEIR PREFERENCES**

**All Interactions are in an Integrative Experience**

<table>
<thead>
<tr>
<th>Description of the Person Prior to Issue</th>
<th>Some examples</th>
<th>Some solutions/suggestions</th>
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</table>
| **Unable to respond**
Person who is unable to understand or respond to rules or follow directions. | Cognitive impairment like dementia, delirium, altered mental status from drugs, alcohol, traumatic brain injury, psychiatric illness, impulse control issues. | 1. Choose an environment not stimulating. Dim lights, low voices, low noise, 2. Questionnaire for family regarding the patient/client behavior and emotions. 3. Ask family to stay with them. 4. One on one staff supervision 5. Staff with specialized training. 6. Treatment plan that is written so everyone is consistent. 7. Psychiatric or geriatric consultation if a patient. 8. Higher level of care if needed. 9. Attend to Maslow’s hierarchy of needs. 10. Ask for security/law enforcement help if needed |
| **Inclined to obedience**
People who function on the planet and follow the rules. | People who view rules as guidelines and are able to go along with them if they understand the rationale. | 1. Use a brochure to let them know what the expectations are and consequences. 2. Answer questions factually. 3. Help them navigate the system. 4. Offer choices 5. Use memory in a pocket 6. Attend to Maslow’s hierarchy of needs |
A PERSON HAS TO KNOW THEIR LIMITATIONS  

“Harry’s Law”  John Milius

WHY DO WE NEED LOCKS?? Ask yourself: What is going on? 
TAKE THE TIME TO GET TO KNOW THE PATIENT FAMILY AND THEIR PREFERENCES

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| Deliberately disruptive/disobedient    | People who have power and control issues, anger management issues, narcissistic personalities, other personality disorders | 1. Use a brochure to let them know what the rules are and consequences for breaking the rules.  
2. Memory in a pocket.  
3. Maslow’s hierarchy of needs.  
4. Be consistent  
5. Don’t bite the hook and get into power struggles.  
6. Set kind firm limits.  
7. Develop an expectations plan approved by administration and legal. Be sure to involve a staff member the patient/family has a relationship with. You can ask to have the patient advocate involved.  
8. Psychiatric or geriatric consultation if a patient.  
9. Set up a clinical case conference and involve the patient/family.  
10. Ask for help from security, law enforcement if necessary. |
WORKPLACE VIOLENCE PLEASE PARTNER WITH US TO KEEP EVERYONE SAFE
(Adapted from pshsa.ca/workplace-violence VPRTLBEN0317 p 11) Example of a Brochure to Use When Patient Enters the System

We recognize that being in the hospital can be very stressful for patients and their families. Please partner with us to make your time with us as meaningful and stress free as possible.

**VIOLENCE IN THIS HOSPITAL WILL NOT BE ACCEPTED OR IGNORED**
Healthcare workers face the risk of violence on a regular basis, but it is never “okay”. Every violent incident will be reported and investigated. Those acting violently will be held accountable and steps will be taken to address any inappropriate behavior and to prevent further incidents.

**Be accountable:** Accept responsibility for your decisions or your substitute decision maker and for your own behavior.

**Communication:** Health care workers do their best to understand your concerns and needs and act on them. It is important to communicate. If you are feeling worried, sad, depressed, frustrated or angry please let us know right away. Tell us before you become overwhelmed.

**Knowledge:** Supplying your healthcare team with accurate information can help them to better plan your care or that of your family member. If you already know of situations that can “trigger” you to become angry and possibly violent please tell us before you are admitted or as soon as you are admitted. (like noise, the way people speak to you, hot, cold, crowded environments etc.) Also anything that helps you to feel more calm or rationale. Ask to fill out our behavior questionnaire.

**Patience:** Everyone is a priority however, priorities can differ in certain circumstances. For example sometimes a patient might present with a life threatening or urgent need that must be addressed immediately. If you find yourself becoming angry in this situation please let some one know right away.

**Personal property:** Please keep your environment neat and orderly. Send home personal items not needed.

**Respect:** Please be polite and respectful of everyone. Respect hospital property and act in a responsible way.
WHAT SHOULD YOU EXPECT FROM US: Our Commitment to You

**Clarity:** You should be given information that is understandable in your own language. You are allowed to ask questions and should get answers. You should be told in advance of fees not covered by your insurance. You should be told of expected wait times.

**Compassion and kindness:** You should be treated and spoken to in a way that is respectful. Your health team should offer you encouragement and support as you take steps to get well.

**Dignity:** You should receive care in ways that are sensitive to your culture and background and expect the health care team to share such information with each other.

**Openness:** You should know the names of the people involved in your care team, and the name of the doctor who is directing your care. Your white board should be updated daily.

**Privacy:** You should expect that all information about care will be kept private and confidential, in accordance with the law. Patients and visitors must respect each other’s personal space.

**Respect for your choices:** You should be able to participate in all decisions about your care, and be given reasonable choices. This includes the ability to refuse care, as permitted by law.

We are grateful you have chosen to come to our healthcare facility.

I have read the above document and have had an opportunity to ask questions.

Patient/Family Member_________________________________________ Date_________________ Time:________
Example of a Family Questionnaire

This questionnaire is designed to help your healthcare team become familiar with some of your needs/family members needs as it relates to your emotions and the way you/family member responds to certain circumstances. Please be honest.

Have you/or your family member had any episodes of yelling, throwing things or hitting other?  
Yes___ No___ Check one

What were the emotions at the time? Check all that apply
Anger___ Disgust___ Fear___ Frustration___ Sadness___ Surprise___

What was going on? What may have contributed to your outburst?
Alcohol/drugs___ Bad news___ Family Crisis___ Hungry___
Medication___ (too much not enough medication) losses ( job, relationships, house)___ legal issues ___ Sleep deprivation___ Other________________________________________

What helped to calm you/your family member down. Circle all that all that apply
  Medication, talking with someone, taking a shower, reading a book, yelling into a pillow, taking a walk, phoning a friend, listening to music, going to the gym, yoga
Other________________________

Reviewed with patient/family member________________________ Date___________ Time________
EXAMPLE OF AN EXPECTATIONS PLAN FOR A PATIENT

It is the responsibility of the NCH staff to keep you and everyone else safe while you are receiving treatment from us. We want your treatment to be successful, but in order to do that; you need to agree to abide by the rules NCH.

You were admitted to NCH (insert date). During that time you have had a number of medical conditions for which you have received treatment. You have been refusing care and medications and at times yelling at the nurse and threatening to hit her. We want to remind you that we have a zero tolerance for violence policy. If you continue yelling and threatening the nurse there will be consequences.

**Therefore, we have put together a plan that outlines our expectations for your behavior while you are under our care.**

**GENERAL EXPECTATIONS:**

We expect you to:
- Be honest at all times.
- Participate in all appropriate treatment offered.
- Allow the nurses to provide care for you as needed and when scheduled.
- Use appropriate chains of command if you have complaints or issues.

This means that you will deal with any issue directly with your primary nurse on. If you do not get satisfaction from your primary nurse then you may request to meet with the Clinical Nurse Manager of the unit. If you do not get satisfaction from the Clinical Nurse Manager of the unit you are admitted to you would follow the complaint chain of command for NCH Hospital which may involve a phone call to the patient advocate.

**TREATMENT PLAN**

We expect you to follow the treatment plan we have developed as outlined below.

- **Medications:**
- **Ambulation:**
- **Involvement of your family/friends:**
- **Scheduled treatment and care:**
- **Discharge plan:**

If you have any questions please direct them to your physician or Registered Nurse. Their name is on your white board.

The above plan has been reviewed with me and I agree to comply with it.

Patient Signature: ____________________________________________ Date: __________

Witnesses:
Questions?
Selected Resources

- Agency for Healthcare Research and Quality (AHRQ): Working with Patients and Families as Advisors Implementation Handbook
- American Hospital Association (AHA): Partnering to Improve Quality and Safety: A Framework for Working with Patient and Family Advisors
- AHA Health Research and Educational Trust (HRET): Culture of Safety Change Package
- Occupational Safety and Health Administration (OSHA): Preventing Workplace Violence: A Road Map for Healthcare Facilities

Have resources that you would like to share with the group? Please email allisons@fha.org or john@fha.org
Closing
Upcoming HIIN Events

Upcoming Virtual Events:
- Feb. 13 – Chasing Zero Infections Coaching Call: CAUTI: Catheter Utilization
- Feb. 14 – TCAB Cohort 2 Collaborative Webinar #3
- Feb. 26 – Children’s Hospitals: Reducing Readmissions
- Mar. 1 – IVAC Bi-Monthly Webinar #1: IVAC and the GET UP Campaign

Upcoming In-Person Meetings:
- GET UP Regional Meetings
  - Feb. 19 | Hollywood, FL
  - Feb. 21 | Orlando, FL
  - Feb. 23 | Pensacola, FL
Critical Aggression Prevention System (CAPS) Training

– February 20, 2018
– 9:00 a.m. – 4:00 p.m.
– FHA Corporate Office, Orlando, Florida
– Details and Registration at:

http://www.fha.org/education-and-events/event-details.aspx?itemId=806
Let’s get social!

@FLHopsitalAssn
Webinar Evaluation Survey & Continuing Nursing Education

- Eligibility for Nursing CEU requires submission of an evaluation survey for each participant requesting continuing education: [https://www.surveymonkey.com/r/33KTJXP](https://www.surveymonkey.com/r/33KTJXP)
- Share this link with all of your participants if viewing today’s webinar as a group
- Be sure to include your contact information and Florida nursing license number
- FHA will report 1.0 credit hour to CE Broker and a certificate will be sent via e-mail
- We would appreciate your feedback even if you are not applying for CEUs!!
- Web participants can stay logged in as the webinar closes to be redirected to the online survey (the link will also be provided in a follow up email)
That's all Folks!