

SUPPORT CALIFORNIA NURSES ASSOCIATION-SPONSORED LAW

**INVEST IN
PREVENTION**

**WORKPLACE VIOLENCE
IS NOT PART OF THE JOB**



CALIFORNIA
NURSES
ASSOCIATION

@CalNurses
www.calnurses.org

WORKPLACE VIOLENCE PROGRAM IMPLEMENTATION

Presented to: Louisiana Rural Health Summit
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THE PANEL

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THE CHALLENGE





1 IN 4
NURSES
ASSAULTED

Only
20 - 60%
INCIDENTS REPORTED

13% OF MISSED
WORK DAYS
ARE DUE TO **WPV**

Essential Elements of a Comprehensive Workplace Violence Program

 Leadership sponsorship, support and oversight


 Multidisciplinary

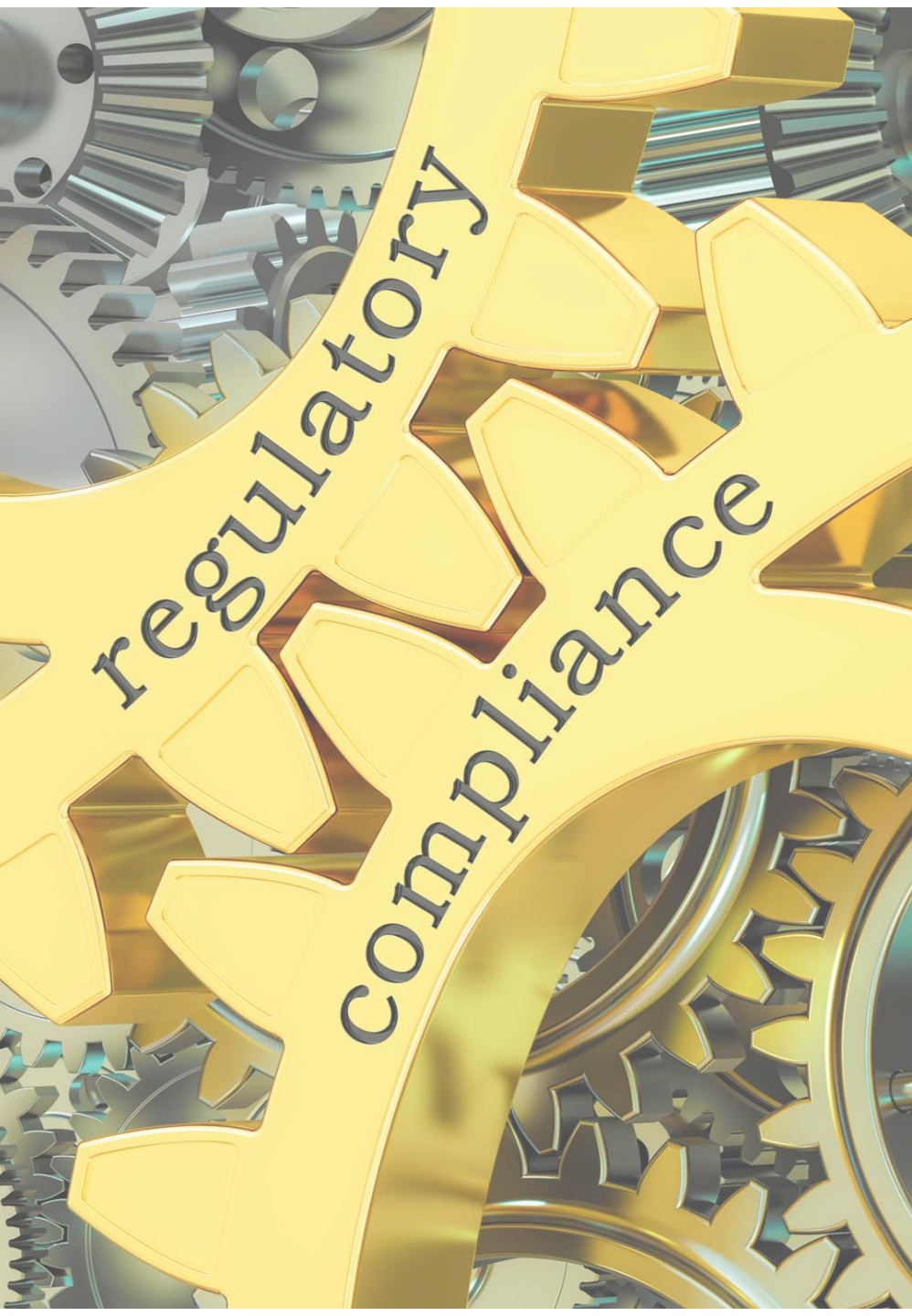
 **Includes comprehensive risk assessment**

 Alignment with laws and regulations

 **Reporting and data analysis processes**

 **Effective training for staff**

 Policies and procedures



Regulatory Overview

- State of Louisiana statute
- CMS Memorandum
- The Joint Commission standards on WPV
- Proposed federal legislation

Additional Considerations

- Clinical staff leaving profession
- Young people not wanting to consider healthcare for career options

LOUISIANA LAWS



[Act No. 129](#) makes battery or assault of a healthcare professional a felony in Louisiana and expands the prior definition of “healthcare professional” to include security and other hospital staff. The law additionally creates a new criminal offense – the crime of unlawful disruption of the operation of a healthcare facility.

[Act No. 461](#) creates new requirements for healthcare facilities to help reduce workplace violence. These requirements include developing and maintaining a workplace violence prevention plan that requires in-person training for staff and mandates the reporting of all workplace violence to the appropriate authorities. Additionally, the new law puts into place protections for employees that report workplace violence to authorities.



**CENTER FOR
MEDICARE &
MEDICAID
SERVICES**

November 28, 2022, CMS issued a memorandum to State Survey Agency Directors stating that hospitals risk CoP violations for failure to adequately respond to and prevent incidents of workplace violence.

Three specific CoP tags are used to cite facilities:

- 42 C.F.R. §482.13(c)(2) (Patient Rights, Privacy and Safety) obligation to care for patients in a safe setting.
- 42 C.F.R. §482.15(d)(1) (Emergency Preparedness, Training Programs) requirements for hospitals to train staff and have policies/procedures aimed at protecting workforce and patients.
- 42 C.F.R. §482.15(a) (Emergency Preparedness, Emergency Plan) emergency preparedness plan to be based on, and include, a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach. It must also include strategies for addressing emergency events identified by the risk assessment...



**THE JOINT
COMMISSION**

New and revised workplace violence prevention requirements effective January 1, 2022:

EC.02.01.01: The hospital manages safety and security risks

EC.04.01.01: The hospital collects information to monitor conditions in the environment.

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HR.01.05.03: Staff participate in ongoing education and training

LD.03.01.01: Leaders create and maintain a culture of safety and quality throughout the hospital.

For hospitals and critical access hospitals

NO CURRENT FEDERAL LEGISLATION

Proposed Workplace Violence Prevention for Health Care and Social Service Workers Act, H.R. 2663/S. 1176

- *Would require OSHA to develop and enforce specific standards for health care and social service employers to hold them accountable for protecting their employees.*

SAVE ACT H.R. 2584 moved to Senate as S. 2768

- *To protect hospital staff from violence*





CREATING YOUR WORKPLACE VIOLENCE PLAN

A CUSTOMIZED APPROACH

STRATEGIES



IDENTIFY YOUR RISKS

Establish a process for annual and ongoing risk assessments as necessary to provide the safest possible environment.



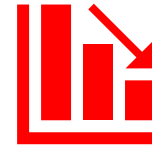
COLLECT THE DATA

Establish process for easy reporting of WPV incidents.



EDUCATE THE STAFF

Training on personal safety tactics and what/how to report should be accessible to all staff.



MONITOR AND ADJUST

Track training and reporting data for compliance and need to make adjustment to program.

THE RISK ASSESSMENT PROCESS

- High level
 - Community risks
 - Grounds
 - Building systems
- Department level
- Processes



COMMUNITY RISKS AND THREATS



Gold Standard -conduct 3-mile radius crime survey (CrimeCast-www.capindex.com)



Contact local law enforcement for crime data or search the FBI statistics

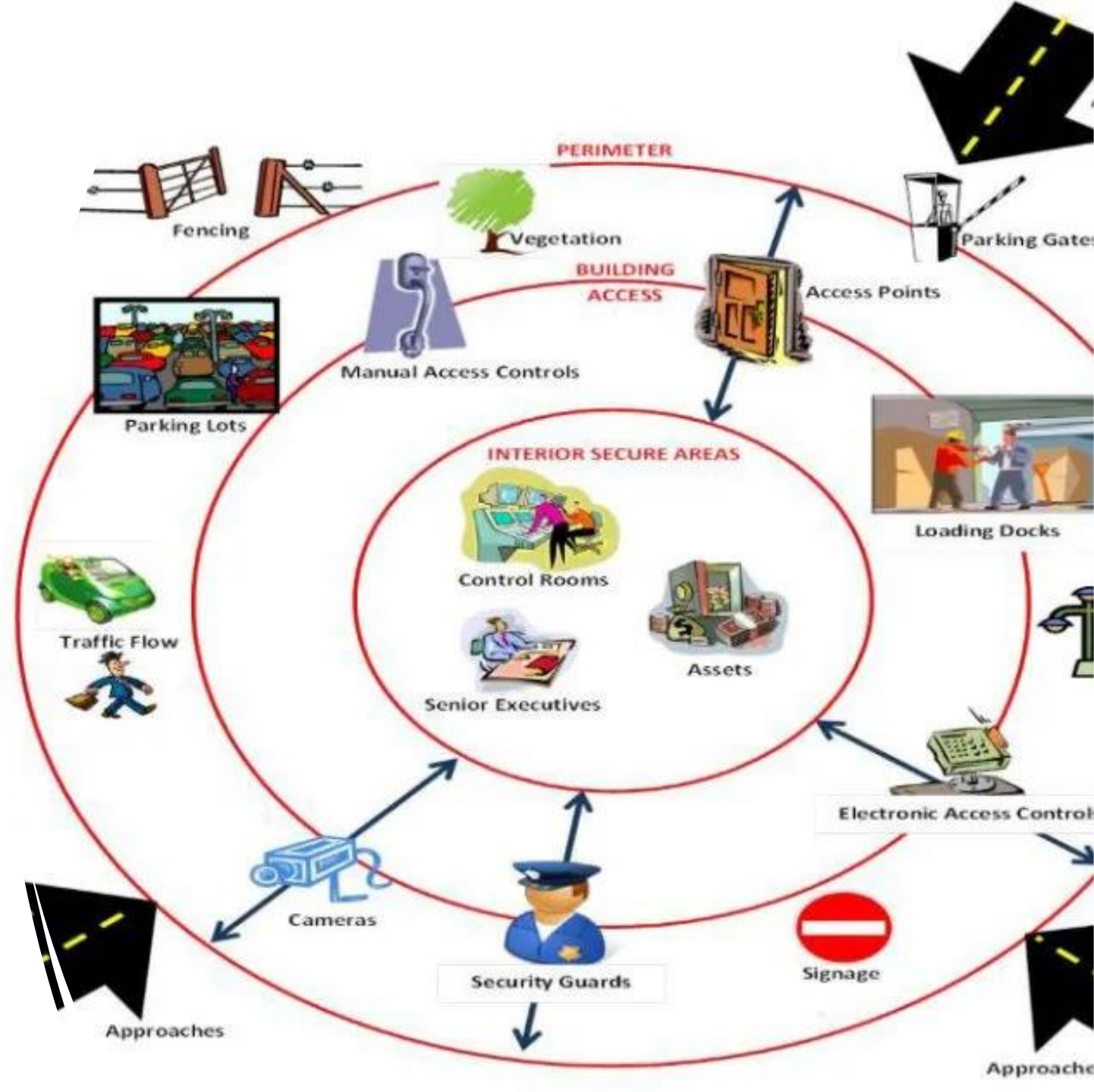


GOAL – Data informed decision making in the development of procedures and training



EXTERIOR, LIGHTING & LANDSCAPING

- Inspect exterior lighting in parking areas, sidewalks and at staff entrances for proper illumination and operation.
- Landscaping should follow the 3-foot, 6-foot rule; no higher than 3 feet for shrubs, tree canopies 6 feet for maximum visibility.





Electronic and Physical Security

- Check the location and operation of surveillance cameras.
- Monitoring cameras
- Additional camera needs?
- Access management needs for staff, patients, visitors and for property protection

EMERGENCY DEPARTMENT

- Sign in procedure
- Wait times
- Communication with patients waiting
- Boarded PEC patients
- GSW and other victims of violence (lockdown procedure)
- Delivery of adverse news to family



Behavioral Health Units

- Admission procedures
- Collection of personal items
- Ligature proof rooms
- Controlled access.

SPECIALTY AREAS

Labor & Delivery

- Controlled access for entry, infant abduction system

Pharmacy

- Managed access for staff/public

Radiology

- Access managed
- Visitation procedures

Surgery

- Managing visitors
- Security of waiting area

ICU

- Managing access
- Security of waiting area and space

OTHER CONSIDERATIONS

Patients under the influence of drugs and/or alcohol

Medical treatment of prisoners – separate waiting areas, presence of prison guards, planned routes through the facility.

Facility Visitation policies – visitation hours, number of visitors allowed, rules of conduct.

Active shooter awareness training

Risk Assessment Enhancements

- Threat assessments – identifying threats, monitoring
- Incident Report Data – reveals trends that inform action plans
- Establish relationships with local law enforcement & responding officers
- Monitoring of social media for derogatory comments and/or threats to the facility
- “Surveying” staff through a formal survey or informal discussion, to understand perception of security and safety, the frequency and types of workplace violence they have encountered



CREATING AND MONITORING A REPORTING PROCESS FOR WORKPLACE VIOLENCE

Collecting the Data

HEALTHCARE VIOLENCE

WHY MUST WE ENCOURAGE REPORTING?

- 80% of nurses do not feel safe in their workplace
- 125 ED nurses, intensive care unit, and med-surg nurses at a regional medical center, 82% of ED nurses had been physically assaulted at work in one year.
- 25% of psychiatric nurses experienced disabling injuries from patient assaults
- Recent studies indicate, that 44% of nurses reported experiencing physical violence and 68% reported experiencing verbal abuse during the COVID-19 pandemic.

DO NOTHING

and nothing changes

HEALTHCARE VIOLENCE

WHY MUST WE ENCOURAGE REPORTING?

- In 2020, health care and social assistance workers overall had an incidence rate of **10.3** (out of 10,000 full-time workers) for injuries resulting from assaults and violent acts by other persons. The rate for nursing and personal care facility workers was 21.8.
- Moreover, different forms of WPV are not reported equally or proportionately. Physically violent events are more likely to be reported, especially if there was an injury or lost time from work.
- However, in 2022 it was found that each year, 94% of nurses experience verbal aggression.
- As often as verbal violence occurs, it is likely to be underreported. Verbal violence, “near-misses,” and other events perceived to not be sufficiently serious enough to warrant a report, are most frequently underreported.

DO NOTHING

and nothing changes

Challenges

- 20% Reporting Rate of WPV Incidents
- Insufficient policies, procedures, staff training or supports
- Overly complex reporting procedures create disincentive
- Frequency of events makes reporting time-consuming
- Perceived lack of response to reporting

Probable Causes

- Competing demands—reporting too complex
- Insufficient resources, training and expertise
- Resistance to change
- Ineffective communication or feedback
- Reluctance to “label” patients
- Concern for own reputation
- Feeling that reporting is not followed up
- Believe workplace violence is simply “part of the job”

Overcoming Underreporting
“What Goes Unreported, Goes Unfixed”

WHAT IS WPV?

What workplace violence means



It's any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. It ranges from threats and verbal abuse to physical assaults and even homicide

- EDUCATE staff on what constitutes an event
- WPV is not only physical but may be verbal, nonverbal, and/or written and include humiliating words or actions.
- Staff members who fail to understand that words or actions fall within the definition of workplace violence may also be unaware of the effects of humiliating words or actions on others.

Create the Solution:

- Keep the reporting process SHORT & SIMPLE
- Ensure that the reporting process is ACCESSIBLE
- Allow for OPTIONAL ANONYMITY
- Collect the information
- Share the results and reports to improve IDENTIFIABLE OUTCOMES
- Support the VOICE OF STAFF FOR CONCERNS



Reporting an Incident

Location & Time

- Facility
- Date and time

Who is Reporting?

- Contact information

Who Experienced?

- Who *experienced* the disruptive behavior

Who was the Disruptor?

- Brief information about the disruptive individual

Incident Details

- Description of the incident and other related details

YOU HAVE THE DATA - NOW WHAT?



Translate the data to uncover the stories it reveals



Dashboards and spreadsheets only tell you *what* is happening. But they do not tell you the WHY



Learn how to analyze data and how storytelling with data works



Use the data to mold interactive and visual experiences that are meaningful to your audience



Blending the narrative with visuals and data targets both sides of the brain, cementing your message in the receiver's mind



Presenting the data through storytelling validates the narrative and provides the best of logical and emotional communication

REGULATORY REQUIREMENTS OF REPORTING



Standard EC.04.01.01

The hospital collects information to monitor conditions in the environment.

Requirement:

EP 1: The hospital establishes a process(es) for continually monitoring, internally reporting, and investigating the following:

- Injuries to patients or others within the hospital's facilities
- Occupational illnesses and staff injuries
- Incidents of damage to its property or the property of others
- **Safety and security incidents involving patients, staff, or others within its facilities, including those related to workplace violence**
- Hazardous materials and waste spills and exposures
- Fire safety management problems, deficiencies, and failures
- Medical or laboratory equipment management problems, failures, and use errors
- Utility systems management problems, failures, or use errors



REGULATORY REQUIREMENTS OF REPORTING



Standard EC.04.01.01

The hospital collects information to monitor conditions in the environment.

Requirement:

- Establishing a process to collect data by **monitoring, reporting, and investigating workplace violence incidents** allows the hospital and critical access hospital to identify risk factors in the vulnerable areas and implement environmental controls, education, and other mitigation strategies.
- Ongoing data collection can identify trends, patterns, gaps in the program, and effectiveness of the program.

**REGULATORY
READY**

OSHA estimates more than

2 MILLION

are affected by workplace
violence every year.



EFFECTIVE TRAINING

TRAINING MODALITIES*



Computer based

Off the shelf

Custom created

Generally low cost per employee

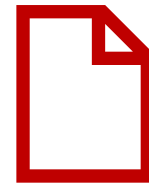


Classroom

Usually includes lecture and practical

Requires instructor/space

Usually higher per employee cost



Creative options

Custom handouts

Cover in orientation

One-on-one with leader

* Remember, Louisiana law now requires “in-person” training

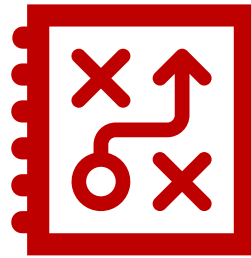
EFFECTIVE TRAINING CONSIDERS



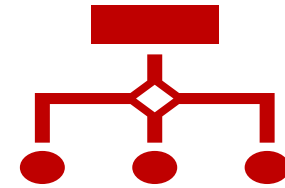
TRAINING OVERVIEW



**Share the
Identified risks**



Offer Response Strategies
- Escape routes
- Aggression Management



**Demonstrate
How/When/What to
Report**

SHARING RISK INFORMATION

Don't Hide the Truth from Employees

COMMUNITY

Identified risks present in the community surrounding the facility should be included in staff training

GROUND

Communicate risks inherent in parking areas & other outside space traversed by staff

FACILITY

Share risks associated with some patient populations and how to identify & manage escalating behaviors

DEVELOPING THE TRAINING*

Understand and communicate the purpose of training

- To inform staff of risks and provide tools to mitigate negative outcomes. Ensure inclusion of any required elements.

Identify the problem

- Share location-specific WPV risks identified for your site and the role of staff in mitigation, response and reporting.

Provide mitigation strategies

- Discuss ways staff can protect themselves in various scenarios and settings (retreat to safe space, aggression management strategies).

Encourage reporting

- Provide real examples of behaviors that should be reported, consider allowing anonymous reporting, provide easy mechanism to report incidents, track and provide analysis of reporting data to staff regularly.

**Don't forget to keep training records.*

SUMMARY

- Understand the laws and regulations that apply to your organization
- Facilitate a risk assessment to determine your specific vulnerabilities
- Provide effective training for staff
- Establish easy, quick reporting process
- Share data with staff and incorporate learnings into training

**THANK
YOU**



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- May, D. D., & Grubbs, L. M. (2002). The extent, nature, and precipitating factors of nurse assault among three groups of registered nurses in a Regional Medical Center. *Journal of Emergency Nursing*, 28(1), 11–17. <https://doi.org/10.1067/men.2002.121835>
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