



HPOE *Live!*

2015 Webinar Series

The presentation will begin shortly.

The content provided herein is provided for informational purposes only. The views expressed by any individual presenter are solely their own, and not necessarily the views of HRET. This content is made available on an “AS IS” basis, and HRET disclaims all warranties including, but not limited to, warranties of merchantability, fitness for a particular purpose, title and non-infringement. No advice or information provided by any presenter shall create any warranty.

What is Violence?

- The intentional use of physical force or power resulting in harm to another person or oneself
- Community violence – child maltreatment, intimate partner violence, sexual violence, suicide, youth violence
- Workplace violence – any act or threat of physical assault, harassment, intimidation or other coercive behavior

Burden of Violence

- In the US, more than 55,000 deaths annually and 2.5 million violence-related injuries
- Direct cost of nonfatal injuries is \$5.6 billion per year with \$64.8 billion in lost productivity
- 23 percent of hospitals identify violence as a community health need
- Health care workers victims of over 11,000 assaults annually
- 54.5 percent of emergency nurses experience physical or verbal violence regularly

Violence Prevention Guides



Hospital Approaches to Interrupt the Cycle of Violence



March 2015



American Hospital Association



Association for Community Health Improvement



AONE GUIDING PRINCIPLES

MITIGATING VIOLENCE IN THE WORKPLACE



Introduction

Workplace violence is an increasingly recognized safety issue in the health care community. Workplace violence is generally defined as any act or threat of physical assault, harassment, intimidation and other coercive behavior. It also includes lateral violence, or bullying, between colleagues (e.g. nurse/nurse, doctor/nurse, etc.). In 2010, the Bureau of Labor Statistics data reported health care and social assistance workers were the victims of approximately 11,370 assaults by persons. While workplace violence against health care professionals can and does happen everywhere, the hospital emergency department is among the most vulnerable settings. According to a 2011 study by the Emergency Nurses Association (ENA), 54.5 percent out of 6,504 emergency nurses experienced physical violence and/or verbal abuse from a patient and/or visitor during the past week. The actual rate of incidences of violence is much higher as many incidents go unreported, due in part to the perception that assaults are "part of the job".

The American Organization of Nurse Executives (AONE) and ENA convened a *Day of Dialogue* to discuss how incidents of violence are currently addressed in hospitals, as well as the need to create an environment where health care professionals, patients and families feel safe. The outcome of the meeting was the development of guiding principles, as well as a tool kit, to assist nurse leaders in systematically addressing measures to decrease and control violence in the workplace. The focus of these resources is the hospital setting; additional work is needed to address workplace violence across the care continuum.

The guiding principles and priorities listed below are steps to systematically reduce lateral, as well as patient and family violence in the work place.

Guiding Principles

1. Recognition that violence can and does happen anywhere.
2. Healthy work environments promote positive patient outcomes.
3. All aspects of violence (patient, family and lateral) must be addressed.
4. A multidisciplinary team, including patients and families, is required to address workplace violence.
5. Everyone in the organization is accountable for upholding foundational behavior standards, regardless of position or discipline.
6. When members of the health care team identify an issue that contributes to violence in the workplace, they have an obligation to address it.
7. Intention, commitment and collaboration of nurses with other health care professionals at all levels are needed to create a culture shift.
8. Addressing workplace violence may increase the effectiveness of nursing practice and patient care.

1



MITIGATING VIOLENCE IN THE WORKPLACE

GUIDING PRINCIPLES



American Hospital Association



HEALTH RESEARCH & EDUCATIONAL TRUST
In Partnership with AHA

Mitigating Violence in the Workplace

Pamela Thompson, MS, RN, CENP, FAAN

Chief Executive Officer, AONE and Senior VP for
Nursing/Chief Nursing Officer, American Hospital
Association

Presentation Objectives

- Recognize the issue of workplace violence and its impact on nursing
- Describe how the guiding principles were developed
- Identify the role of the nurse leader in mitigating violence in the workplace
- Discuss the tools to develop a workplace violence prevention program

What is workplace violence?

Workplace violence is generally defined as any act or threat of physical assault, harassment, intimidation and other coercive behavior



Who is involved?

- Physical violence and/or verbal abuse from a patient and/or visitor occurs at an alarmingly high rate
- Workplace violence also includes lateral violence, or bullying, between colleagues



Violence in ED settings

Safety:

- 57.6% of nurses rated the safety of their ED as a 5/10 or lower
- 81.1% of nurses have taken a course on handling workplace violence
- 53% of hospitals do not provide this training
- 50.5% of hospitals have a “Zero Tolerance” policy
- 51.7% of nurses surveyed reported their confidence in “How prepared they are to handle violence against themselves” as a 5 or less out of 10

Administrative support:

- Only 16.2 % of nurses said their hospital administration was “completely committed” to eliminating violence against nurses
- 40.1% of nurses said their ED management was completely committed
- 55% of nurses reported that they were completely committed

Incidence

55.6% of nurses surveyed over all 16 rounds reported that they had experienced:

- Physical violence
- Verbal violence
- Physical and verbal violence

Precipitating factors included:

- Alcohol (79%)
- Boarding of admitted patients (43.3%)
- Acceptance of violence as a coping method (47.9%)
- Drug seeking behavior (88.2%)
- Dementia/Alzheimer's patients (44.2%)
- Crowding (78.4%)

Environmental effects



- 1/3 emergency nurses surveyed considered leaving their ED or emergency nursing because of ED violence
- The majority of the participants who were victims of workplace violence *did not file a formal event report*
- The presence of reporting policies (especially zero-tolerance policies) was associated with a lower odds of physical violence and verbal abuse
- Nurses whose hospital administration and ED management are committed to workplace violence control are less likely to experience workplace violence

Findings

- 46 respondents submitted narrative accounts of an episode of physical or verbal violence while providing care in the emergency setting
- Narrative analysis used to uncover meaning of the experience
- All narratives were reviewed by at least two members of the research team

Findings

Three broad themes and eight subcategories emerged:

1. Environmental

- culture of acceptance
- unsafe workplace
- nobody cares, nothing changes

2. Personal

- lingering trauma
- permanent injury and loss
- denial of impact
- changes in job responsibilities, hours or location (e.g., moving to a different department or hospital)

3. Cue recognition

- without provocation

Conclusions and Implications

- Violence remains a significant problem in the ED
- Clear predictors and antecedents to violence, both personal and environmental
- Varying levels of commitment to eliminating ED violence
- Nurses do not feel safe at work
- Costs to nursing in terms of physical injury and financial loss are significant



Conclusions and Implications

- Underlying culture of acceptance in emergency departments may contribute to incidence and prevalence of violence
- Difficulty in enacting and enforcing felony laws related to the assault of a nurse

**violence can and does
happen anywhere**

Addressing the issue:

Day of Dialogue



- AONE & ENA discussed how incidents of violence are currently addressed in hospitals
- Ideal state is an environment where health care professionals, patients and families feel safe

Guiding Principles

1. Recognition that violence can and does happen anywhere
2. Healthy work environments promote positive patient outcomes
3. All aspects of violence (patient, family and lateral) must be addressed
4. A multidisciplinary team, including patients and families, is required to address workplace violence
5. Everyone in the organization is accountable for upholding foundational behavior standards
6. When members of the health care team identify an issue that contributes to violence in the workplace, they have an obligation to address it
7. Intention, commitment and collaboration of nurses with other health care professionals at all levels are needed to create a culture shift
8. Addressing workplace violence may increase the effectiveness of nursing practice and patient care

Five Priority Areas

1. Foundational behaviors to make this framework work
2. Essential elements of a zero-tolerance framework
3. Essential elements to ensuring ownership and accountability
4. Essential elements of training and education on workplace violence
5. Outcome metrics of the program's success

Collaboration is Key

Management commitment & employee involvement are complementary and essential to an effective policy



Policies must be developed with input from staff at every level in the organization

Collaboration is Key

- Everyone in the organization is responsible for reporting & responding to incidents of violence
- Standards are clearly defined & every person in the organization (including patients and families) is held equally accountable

The Role of the Nurse Leader

- Know your facility's history, incidence and processes related to workplace violence
- Strive to create a safe space for staff to discuss violence
- Assure that resources are available to train and support staff
- Promote foundational behaviors and hold staff accountable
- Know your community resources
- Be the champion for mitigating violence in your facility

Mitigating Violence Toolkit

The toolkit enables nurse leaders to:

1. Understand workplace violence
2. Develop a zero-tolerance policy
3. Assess the risk factors in their facility
4. Develop a workplace violence prevention plan
5. Train and deploy staff
6. Evaluate the changes and identify next steps

Presentation Overview

- Over 50% of surveyed ED nurses reported experiencing workplace violence
- Decreased odds of workplace violence can be attributed to the presence of reporting policies and training
- Collaboration and advocacy among associations, organizations and state legislatures is essential for raising awareness and enacting laws to combat workplace violence
- Guiding principles for mitigating workplace violence and an accompanying toolkit are available as a result of AONE and ENA dialogue

Once is too often

**violence
is a contagious
disease.**

Help us cure it.

Stephen Leff, PhD
Co-director, Violence Prevention Initiative
Professor of Clinical Psychology in Pediatrics,
University of Pennsylvania Perelman School of
Medicine

AHA Pursuit of Excellence
October 27, 2015



Violence Prevention Initiative

 The Children's Hospital of Philadelphia®

Violence Exposure

Consequences

Poor physical,
developmental
and emotional
health

Long term
physiologic /
brain changes

School failure,
drug abuse,
delinquency

More violence

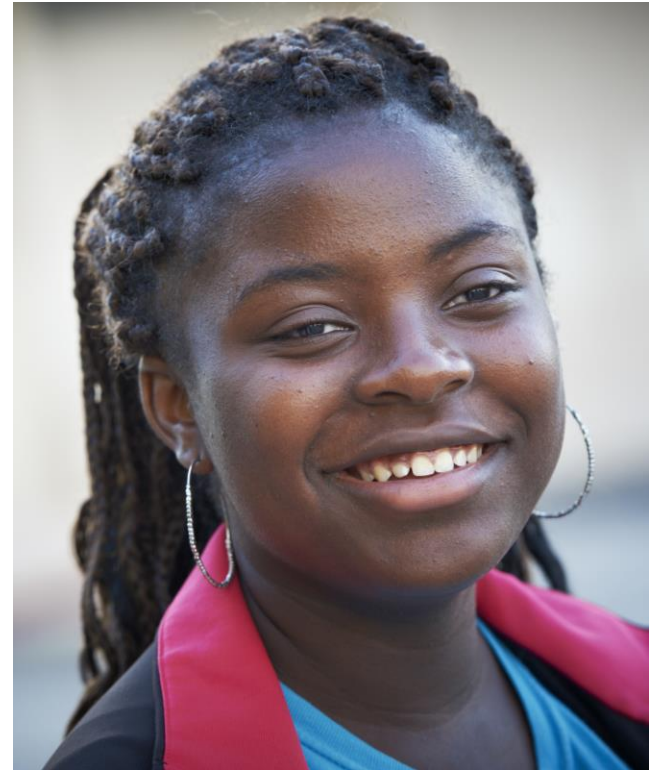
Violence Prevention Initiative

The Children's Hospital of Philadelphia

**Goal: Help kids become
healthy *adults***

***We want this CHOP
patient to be:***

- **Safe in her house**
- **Safe in her school**
- **Safe in her community**



Violence Prevention Initiative

Violence Prevention Initiative

violence is a contagious disease.

Help us cure it.
Violence Prevention Initiative

A CHOP-wide effort to interrupt the cycle of violence. VPI builds on years of hospital and community partnership and research to address bullying, assault re-injury and domestic violence.

Visit us at: chop.edu/violence

Violence Prevention Initiative

VPI: Overall Approach

- **Hospital-wide initiative:**
 - Harness **internal expertise** to tackle issue
 - Employee **engagement**
 - Communications: Inform and **synergize**
 - **Trauma Informed**
- **Select and Elevate *signature programs*:**
 - Provide infrastructure
 - Enhance capacity to provide care & evaluate
 - Research: range from pilot to randomized trials

Tiered-Risk Approach

The right support at the right time

- **Universal Risk:** exposed to aggression and bullying
 - School-based bullying prevention programs
 - Clinical screening tools
 - Trauma Informed Care
- **Targeted Risk:** exposed to IPV in the home
 - Screening in pediatric clinical setting and referral to resources
- **Selected Risk:** exposed to assault injury
 - Identify in ED/Trauma, refer to intensive case management

VPI Signature Programs

Proofs of concepts



- **Bullying**
- **Domestic violence**
- **Assault re-injury**
- **Trauma-informed Training**

Violence Prevention Initiative



Partner for Prevention

Comprehensive Bullying Prevention for Elementary Schools

Violence Prevention Initiative



Free2B

Multimedia Bullying Prevention for Middle Schools

Violence Prevention Initiative



Bullying Screening Clinical Practice Model

Collaborated with Department Champions to create screening tools for bullying: incorporated screening tools and handouts into individualized workflows, also making them available for wider use

Violence Prevention Initiative

Bullying Screening Clinical Practice Model

1. Screening Questions:

- Do you feel that you are being bullied and/or Do you feel you have bullied others?
- Probes: methods, reasons, duration and impact

2. Handouts: Series of six “*all about bullying:*”

- Tip sheets on what is bullying, types of bullying (social/cyber), population (youth/parent) and weight-related bullying

3. Link to Resources:

“Resources for Families” page available on Violence Prevention Initiative website:

www.chop.edu/violence

Violence Prevention Initiative



Intimate Partner Violence (IPV) Prevention at CHOP

**On-site IPV screening and counseling for
patient families; Training for providers**

Violence Prevention Initiative



Violence Intervention Program

Community-based support services for assault injured youth

Violence Prevention Initiative



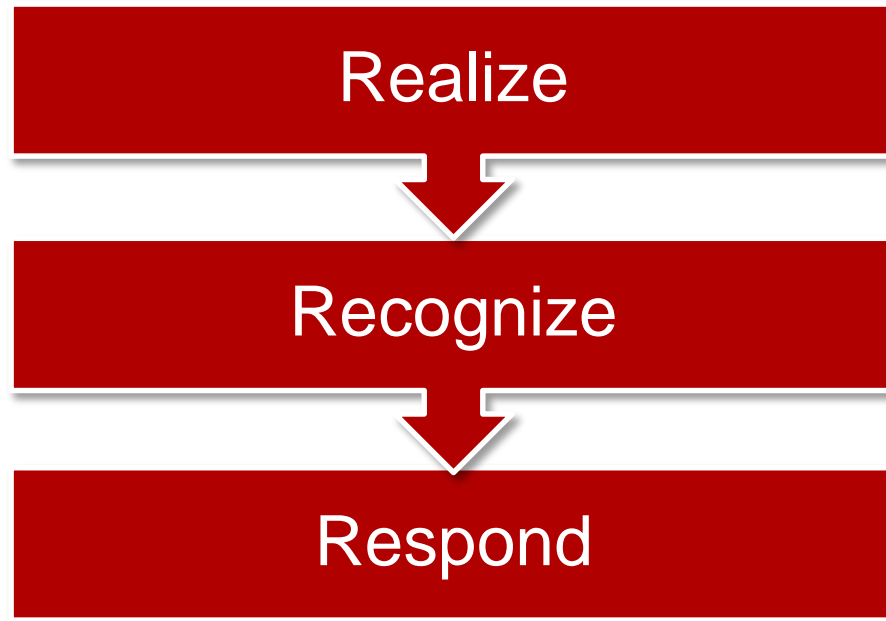
Trauma-informed Care

Training for CHOP employees to recognize signs & symptoms of trauma in patients, families and co-workers and respond properly

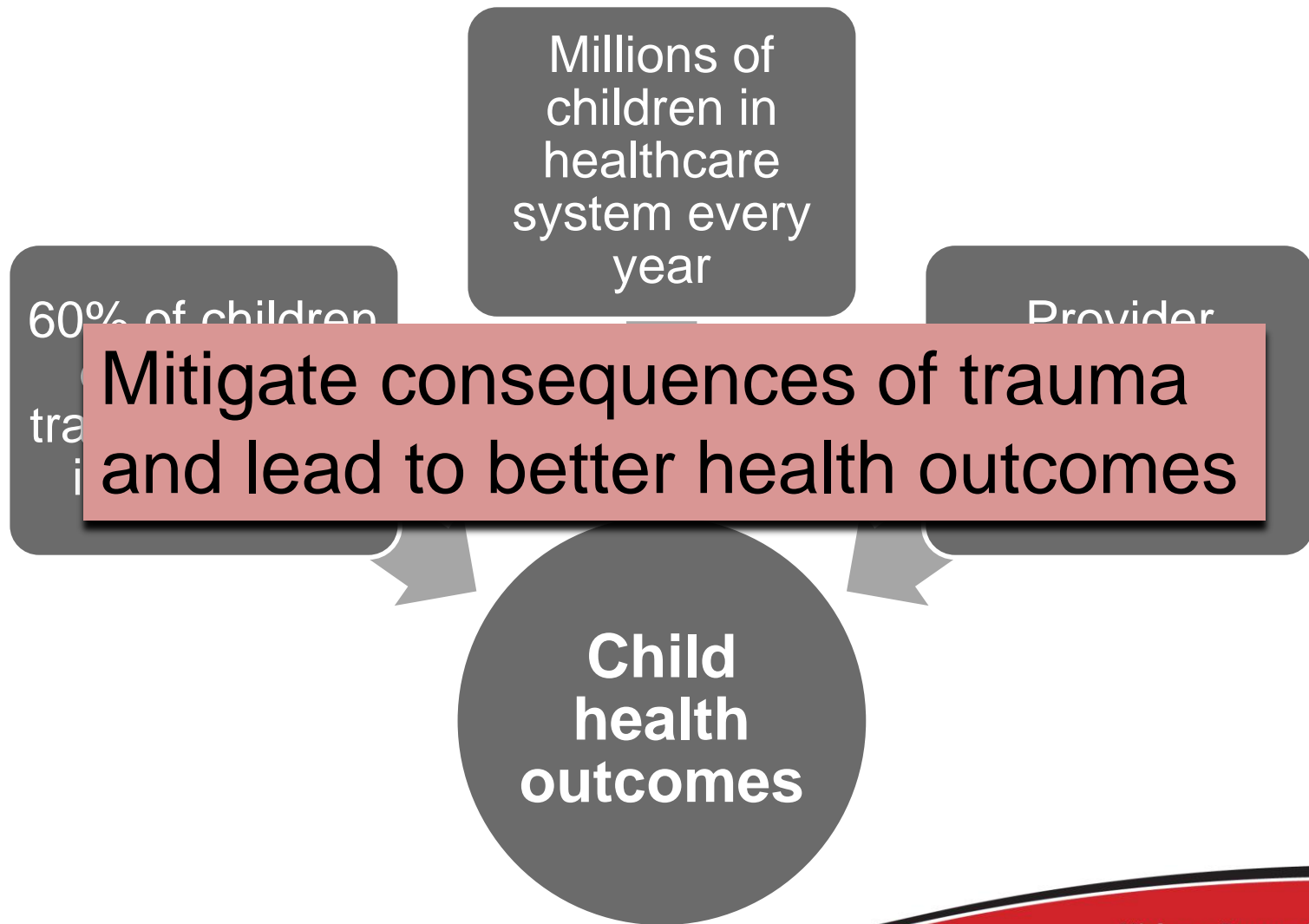
Violence Prevention Initiative

WHAT IS TRAUMA-INFORMED CARE?

The SAMHSA definition of “trauma-informed approach”



TIC in pediatric healthcare



Employee Need for TIC Training

I feel that we are responsible in helping prevent PTSD and providing resources whether it be from a traumatic event or just from the trauma of being in a hospital.

-- ICU and Surgical Trauma Nurse

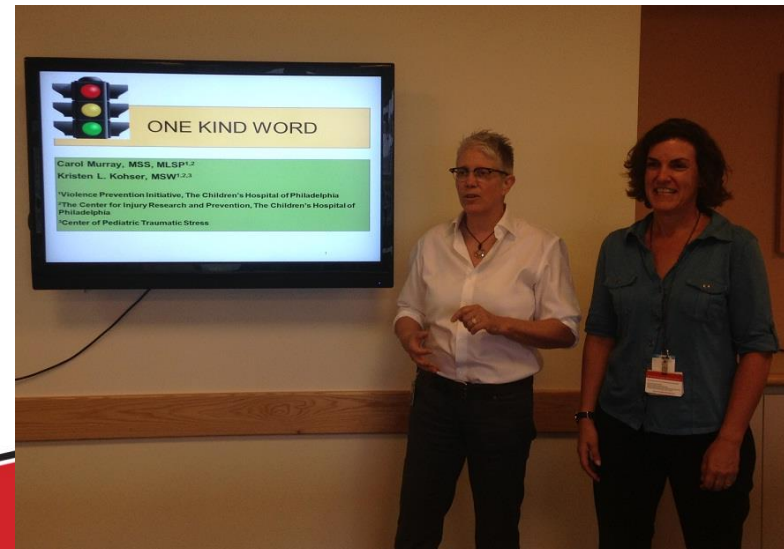
When your main focus is to keep them safe, I feel that we tend to miss cues that the patient is struggling.

Pediatric Critical Care Nurse--

Violence Prevention Initiative

How To Implement TIC?

- Establish a leader
- Identify champions throughout the healthcare networks
- Identify institutional assets/barriers
- Start small, allow for natural growth
- Partner 1st with motivated departments/groups
 - Meet unique needs of groups
- Use technology
 - Create Webinars/Learning Links
- Integrate into existing trainings
- “Train the Trainer”



What Resources Are Needed?

- Minimum: 1 expert in TIC with time to deliver a few trainings
- At CHOP:
 - Year 1: 10% Training Lead (psychologist), 30% Trainer (MSW)
 - Year 2: Added 2nd 30% Trainer
 - Leveraged time from other programs
 - Since July 2013
 - TIC trainings for 34 groups, given 57 TIC lectures
 - Trained 850 staff, faculty, and trainees in CHOP network
 - Trained 650 professionals outside of CHOP in-person
 - Trained 200 via webinar

Preliminary Outcomes

Change in Knowledge/Confidence Pre to Post Training

	<i>t</i> value	<i>p</i> value	Cohen's <i>d</i>
Increase in the understanding of TIC	5.88	≤0.001	1.19
Increase in confidence in identifying symptoms of trauma	3.60	0.001	0.66
Increase in understanding how to respond to children with exposure to trauma	4.30	≤0.001	0.74

Preliminary Outcomes

Change in Knowledge/Confidence Pre to Post Training

	<i>t</i> value	<i>p</i> value	Cohen's <i>d</i>
Increase in the understanding of TIC	5.88	≤ 0.001	1.19
Increase in understanding of how to respond to children with exposure to trauma	4.30	≤ 0.001	0.74

↑ patient satisfaction scores for
“nurses talked about my concerns”

How does the practice of TIC change your care of patients?

The practice of trauma-informed care positively affects the care I will provide and increases effective practice.

Reminds me to think about the patient's trauma history.

[TIC] is a more holistic approach that makes patients feel heard, validated, and safe.

Reminds me that families are stressed and [when they act out] not to take it personally.

Violence Prevention Initiative



Resources

- Free2Be
 - https://injury.research.chop.edu/violence-prevention-initiative/vpi-signature-programs/free2b-multimedia-bullying-prevention-program#.Vi6C_7flu70
- Children's and Mom's Project
 - <http://www.instituteforsafefamilies.org/>
- Violence Intervention Program
 - <http://nnhvip.org/>
- Trauma-informed Care Training
 - www.chop.edu/violence



For more information, please visit
www.chop.edu/violence
Leff@email.chop.edu

Violence Prevention Initiative



HPOE *Live!*

2015 Webinar Series

Please click the link below to take our webinar evaluation. The evaluation will open in a new tab in your default browser.

<https://www.surveymonkey.com/r/hpoe-10-27-15-webinar>

Digital and Social Media Presence

With Hospitals in Pursuit of Excellence's Digital and Mobile editions you can:

- Navigate easily throughout the issue via embedded search tools located within the top navigation bar
- Download the guides, read offline and print
- Share information with others through email and social networking sites
- Keyword search of current and past guides quickly and easily
- Bookmark pages for future reference



Important topics covered in the digital and mobile editions include:

- Behavioral health
- Strategies for health care transformation
- Reducing health care disparities
- Reducing avoidable readmissions
- Managing variation in care
- Implementing electronic health records
- Improving quality and efficiency
- Bundled payment and ACOs
- Others

Follow us on Twitter



@HRETtweets

#hpoe

#equityofcare

HPOE *Live!*

2015 Webinar Series

Upcoming HPOE Live! Webinars

- November 4 - [The Role of Cultural Competency in Eliminating Health Care Disparities](#)
- November 12 - [Mass Media Messaging to Improve Population Health](#)

For more information go to www.hpoe.org



From Health Care to Healthy Communities

2016 National Conference

March 1-3, 2016

Baltimore, MD

- Become an ACHI member today
- Save the date! Join over 500 community health professionals at ACHI's 13th Annual National Conference **March 1-3, 2016 in Baltimore**
- Registration opens November 1 - sign up soon for early bird discounts
- Learn more at www.healthycommunities.org/2016conference