Workplace Violence Response for Aspiring Nurse Leaders

Tools / Tips / Tricks

Lauren M. Stabinsky, MSN, RN, CEN, NEA-BC, FACHE

Disclosure

The presenter of this program has disclosed there are no conflict of interest related to the presentation, suggested tools, nor the references utilized.
Video

- Workplace Violence Testimony
ANA Position Statement

“ANA’s Code of Ethics for Nurses with Interpretive Statements states that nurses are required to “create an ethical environment and culture of civility and kindness, treating colleagues, coworkers, employees, students, and others with dignity and respect” (ANA, 2015a, p.4). Similarly, nurses must be afforded the same level of respect and dignity as others. Thus, the nursing profession will no longer tolerate violence of any kind from any source.”

http://www.nursingworld.org/Workplace-Violence-and-Incivility-Panel
NJ Legal Statute

- NJ Revised Statutes § 2C:12-1 (Revised 2018)

A person is guilty of aggravated assault if he commits a simple assault upon:

(c) Any person engaged in emergency first-aid or medical services acting in the performance of his duties while in uniform or otherwise clearly identifiable as being engaged in the performance of emergency first-aid or medical services; or


Reality

- OSHA Stats
  - Violence in healthcare is four times more common than in the private industries.
  - Days away from work due to injuries in Healthcare resulting from WPV is more than triple the private sector.
  - In 2016, 80% of nurses and physicians reported injury in the prior year while working in the ED.
  - Incident rate in Behavioral Health / Abuse Hospitals was reported at 109.5 vs. 6.7 in General Med/Surg hospitals.

American Nurses Association Position Statement on Incivility, bullying, and workplace violence.

July 22, 2015

Interventions

- RNs must make accept responsibility to create and promote healthy interpersonal relationships between each other as well as the entire healthcare team.
- Self-reflection and education related to communication styles, diversity, conflict negotiation, conducting difficult conversations.
- Be an active participant in the development of workplace culture standards.
- Be aware of and participate in the development of incivility and bullying policies.
- Participate in appropriate conversational role playing and development of acceptable common phrases.
- Be an advocate for respect and civility


Pop-Quiz
Workplace Violence

– Negative actions towards a person or persons that can be physically and/or psychologically harmful in a workplace environment.
– Destruction of property
– Departments with higher risk potential
  – Acute care settings: emergency department, ICU, maternity
  – Nursing homes
  – Psychiatric facilities

Categories

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

Morganstein, Joshua C., Physician work-associated Trauma: causes, consequences, and interventions. Psychiatric Times. 2018; 24-27
Types and Terms

- Types
  - Verbal
  - Physical
  - Psychological
  - Sexual
- Terms
  - Assault
  - Battery

Common Causes

- Fear
- Control
- Domestic Violence
- Revenge
- Confusion
  - Anesthesia
  - Dementia
  - Alzheimer's
Scenario

Pop-Quiz
Violence Outcomes

- PTSD
  - Lack of sleep
  - Anxiety / depression
  - Decreased concentration while at work leading to errors
  - Physical illness manifestations
- Injury
- Worker’s Compensation
- Sick Time
- Resignation

Know thyself

- Fight
- Flight
- Stunned
- Observer
Video

Prevention

- Workplace violence committee
  - Assess workplace culture
  - Create a workplace philosophy and establish standards
  - Policy development (zero tolerance)
  - Clearly defined reporting procedures
  - Collaboration with local police
- Conduct drills
  - Security response
  - Active shooter
Prevention

- Environmental vulnerability/threat assessment
- Environmental security measures
- Protection Order
  - Domestic Violence
  - Facility
- Background checks for new hires
- Employee Assistance Program (EAP)

Prevention: Education

- Provide Awareness Education
  - Vulnerabilities
  - Roleplay workplace interactions
- Diversity Training
- Domestic Violence awareness training
- De-escalation Training
- Self-Defense Training
Prevention: Situational Awareness

- TeamSTEPPS
  - Situational Awareness
- Hiring
- Operational
  - Internal discord
  - External discord
- Disciplinary and termination

Mitigation: Immediate Response

- Evacuate area
  - Patients
  - Staff
- Establish Relocation Area
  - Patients: Maintain patient care
  - Staff: Security and Reassurance
- Secure area
  - Limit access
  - Notify Security / Police
  - Run/Hide/Prepare/Fight
Mitigation: Communicate Threats

- Share information
  - Notify Security
  - Administrative Supervisor notification
  - Tracking board or EMR notification
  - Transfer reports
  - Staff huddles
  - Safety huddles

Recovery: Operational

- Return to operations
  - Patient relocation
  - Patient support
  - Staff replacement
  - Environmental assessment
    - Structural
    - Power/electric
  - Department assessment
    - Security: Immediate
    - Security: Future
    - Security: Policy changes
Recovery: Staff/Team

- Debrief ASAP
- Primary victim(s) intervention
  - Medical care
  - Emotional support
  - Counseling
  - Time off (if needed)
- Secondary victim(s) intervention
  - Emotional support
  - Counseling
  - Time off (if needed)
- Continued team surveillance
  - Behavioral changes
    - Depression
    - Risky behavior
  - Anxiety
    - Daily
    - Situational / triggered
    - Distracted
  - Health deterioration

Knowledge is Power

- Know yourself
- Know your staff
- Know your facility
Early Warning Flags

- Dissatisfied with care
- Fearful of diagnosis or plan of care
- Poor communication skills
- Drug or alcohol abuse
- Aggressive language
- Aggressive posturing
- Arguments with family
- Threatening lawsuits
- Refusing discharge

Sharp Grossmont Hospital’s Disruptive Behavior Levels

Use the chart below to assess the patient/family for their ability to cope with the hospitalization.

<table>
<thead>
<tr>
<th>Behavior Level 1</th>
<th>Behavior Level 2</th>
<th>Behavior Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Patient/family refusing discharge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Family communicates visitor restrictions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Patient/family appear confused about plan of care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Family overwhelmed and unable to take part in decision-making</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• S150 danger to self or others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Patient/family very angry about “everything”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Family or visitors interfere with patient care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Family or visitors appear under the influence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Visible discord among patient or family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Excessive worry expressed by family members</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Violent behavior including raised voice, verbal threats, invading personal space, or threatening gestures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Staff feel threatened or do not feel safe to enter the room alone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• History of code green</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Assaultive behavior</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Three levels help staff determine the most appropriate next steps.

To access Sharp Grossmont Hospital’s Disruptive Behavior Algorithm and Process Flow Chart, visit advisory.com/nce/resilience
Treatment

– Education related to stress: “How To”...
  – Normalize
  – Identify when to get help
  – Identify support systems: EAP
– Department Assessment
  – Security measures

Morganstein, Joshua C., Physician work-associated Trauma: causes, consequences, and interventions. Psychiatric Times. 2018; 24-27

Professional Organizations

AONL and ENA combined work on Workplace Violence 5 Focus Areas

1. Necessary Foundational Behaviors - What is the social environment of the institution or unit?
2. Essential Elements of a Zero-tolerance Policy – How should environmental hazards be addressed?
3. Ensuring Ownership and Accountability – Does the institution embrace the Just Culture concept?
4. Proper Training and Education – What are evidence-based training techniques?
5. Outcome Metrics – How can a hospital measure success?

Workplace Violence Committee

- Assesses department vulnerabilities
- Increases departmental awareness
- Creates coaches
- Provides additional resources
- Intervenes to reduce bullying
- Assists in creating a department plan
- Encourages early reporting

Verbal techniques

- Tap-out
  - Technique used at Providence Behavioral Health Hospital, Holyoke, MA
  - Assists during verbal power struggles with patients
  - Staff are frustrated and need to tap-out
  - Tap-in with safety line such as
    - Can you give me a hand with the patient in room…”
    - You have a phone call from Dr. _______.
    - New face can help to reframe the conversation

- Staff Safety Word
  - Predetermined safety word
  - Collaborative approach with colleagues

Occupational Safety and Health Administration [https://www.osha.gov/Publications/OSHA3828.pdf](https://www.osha.gov/Publications/OSHA3828.pdf)
Advisory Board Best Practices

- Disruptive behavior algorithm
- Security-driven unit rounding
- Frontline de-escalation team
- Behavioral health emergency response team

Nursing Executive Center. Rebuild the foundation for a resilient workforce; best practices to repair the cracks in the care environment.
advisory.com/research/about-researchprograminquiries@advisory.com

Scenario
Scenario

Accountability

- The Joint Commission
- OSHA
- Federal and State Lawmakers
- The International Association for Healthcare Security and Safety Foundation
- Centers for Medicare & Medicaid Services
Tools and Guidelines Websites

- OSHA Worker Safety in hospitals:
  - https://www.osha.gov/dsg/hospitals/
- Advisory Board: Advisory.com/research/about-researchprograminquiries@advisory.com
Resources


Morganstein, Joshua C., Physician work-associated Trauma: causes, consequences, and interventions. Psychiatric Times. 2018; 24-27


Nursing Executive Center. Rebuild the foundation for a resilient workforce; best practices to repair the cracks in he care environment.

Advisory.com/research/about-researchprograminquiries@advisory.com

Occupational Safety and Health Administration https://www.osha.gov/Publications/OSHA3828.pdf
