Workplace Violence Can't Be the Norm
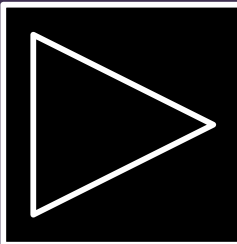
Taj Qureshi, MPH; Pat Folcarelli, RN, MA, PhD

Beth Israel Deaconess Medical Center

Introduction/Problem

Health care workers are increasingly facing significant risks for workplace violence (WPV). The National Institute for Occupational Safety and Health defines WPV as any physical assault, threatening behavior, or verbal abuse occurring in the workplace. Studies indicate that the effects of WPV are far reaching and include decreased perceptions of safety, increased employee leave time, decreased employee satisfaction, and increased employee turnover, all of which may have effects on patient satisfaction and patient outcomes. In 2014, BIDMC formed the Prevention of WPV Committee to create and implement a well-informed WPV prevention program. To date, committee members have collected reports of violence from various sources to understand the prevalence and severity of the problem at BIDMC. They have also collaborated to plan and launch various interventions aimed at improving reporting practices and reducing episodes of WPV across BIDMC.

Aim/Goal

BIDMC is committed to improving the safety of its employees, patients, and visitors. The aim/goal of the Prevention of WPV Committee has been and continues to be to mitigate the risk of verbal and physical WPV through education, access control security enhancements, and development of an improved Safety Reporting System (SRS).
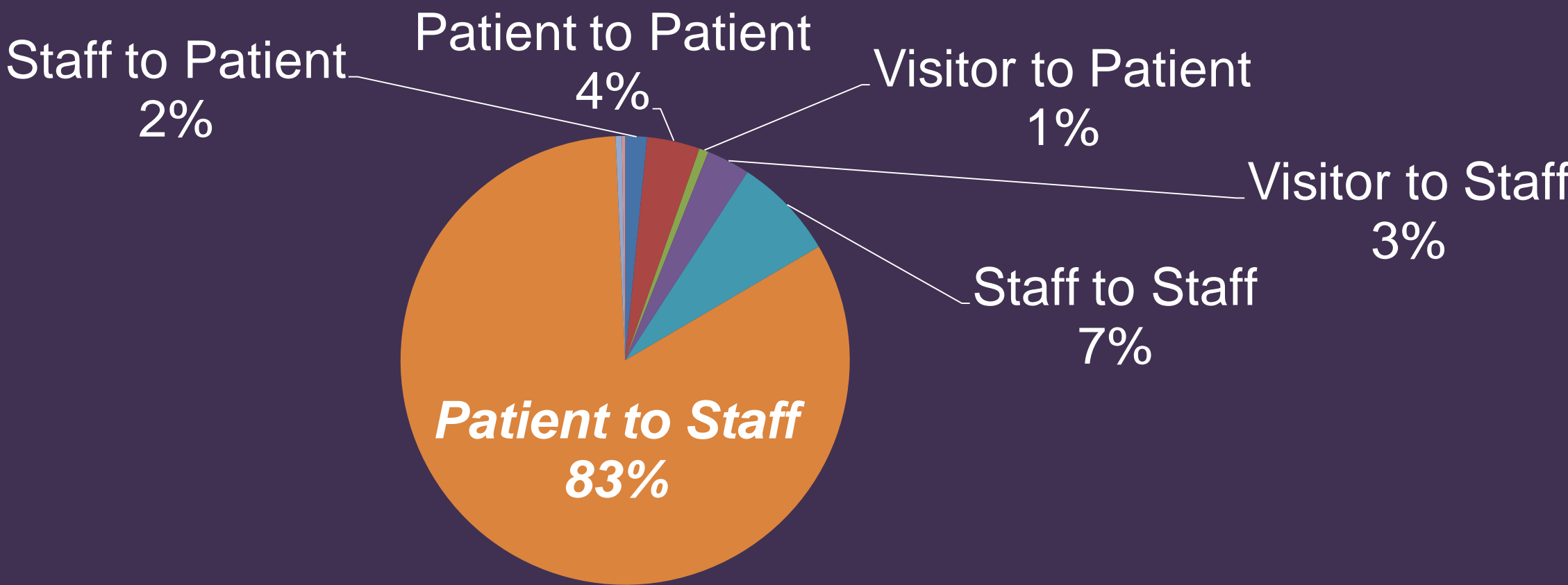
The Team

Pat Folcarelli, RN, MA, PhD (HCQ); Taj Qureshi, MPH (HCQ); Chris Casey (Public Safety); Meg Femino, HEM (HCQ); Andrew Zaglin (HR); Leslie Ajl, RN, MS (PCS); Joanne Devine, RN, MS (PCS); Matt Rabesa (EOHS); Kirsten Boyd, RN, MS (ED); Barbara Sarnoff Lee, LICSW (Social Work); Lisa Lachance, LICSW (Social Work, CVPR); Catherine Mahoney, RN, JD (Legal); Susan Holland, RN, MS (PCS); Alison Small, RN (PCS); Karen Waldo, RN (PCS); Danielle Souza, RN (PCS); Dave Hoffman (Public Safety); Julius Yang, MD, PhD (HCQ); Jane DuFresne, RN (ED); Ellen Volpe (Ambulatory); Cheryle Totte, RN, MS (HCQ); Melissa Doyle, LICSW (Social Work, CVPR); Gina Murphy, RN (PCS)

The Interventions

- Event Reporting
  - Continued to track WPV events using a dashboard
  - Simplified reporting forms in the SRS
  - Rebranded and promoted the SRS for improved reporting practices and single source capture
- Event Response
  - Continued to activate the Threat Assessment Team during times of threat
- Training and Education
  - Implemented the myPATH training on de-escalation techniques for all employees
  - Conducted a thorough review of patient and visitor polices as they related to workplace safety
  - Created a policy for prevention of WPV
  - Launched a portal page for prevention of WPV
- Access Control
  - Improved the myAlert emergency notification system
  - Implemented priority changes identified through security assessment, such as security of onsite/offsite facilities and visitor management

Results/Progress to Date

Staff to Patient 2%
Patient to Patient 4%
Visitor to Patient 1%
Visitor to Staff 3%
Staff to Staff 7%
Patient to Staff 83%
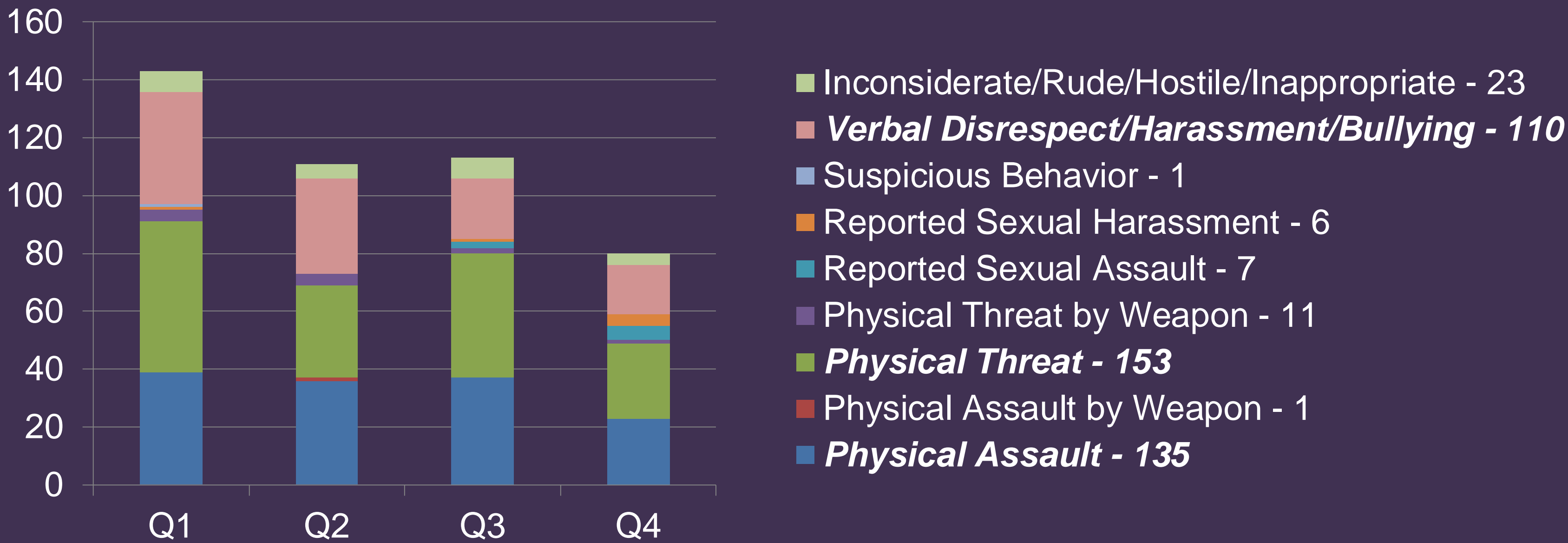
Populations at risk in FY18.

For more information, contact:

Taj Qureshi, MPH, QI Project Manager, tqureshi@bidmc.harvard.edu

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More Results/Progress to Date

- Inconsiderate/Rude/Hostile/Inappropriate - 23
- *Verbal Disrespect/Harassment/Bullying - 110*
- Suspicious Behavior - 1
- Reported Sexual Harassment - 6
- Reported Sexual Assault - 7
- Physical Threat by Weapon - 11
- *Physical Threat - 153*
- Physical Assault by Weapon - 1
- *Physical Assault - 135*

Total number of events in FY18: 447.

Location of Events

General Location	No. of Events	% of Total Events Reported
Inpatient	351	76.5%
Emergency	41	12.4%
Psychiatry	34	8.4%
Outpatient	21	2.7%
Total	**447**	**100.00%**

Source of Data

Data Source	No. of Events	% of Total Events Reported
ACS Reports	214	47.9%
SRS	138	30.9%
TCC Reports	16	3.6%
Public Safety	25	5.6%
EOHS	54	12.0%
Total	**447**	**100.00%**

EOHS Reported Events

QTR	Total Expected Cost	OSHA Total Days Lost
1	$8,558.80	16
2	$17,926.60	60
3	$38,014.08	72
4	$17,728.05	10
Total	**$82,227.53**	**158**

Lessons Learned

- ➤ Episodes of violence are still grossly underreported because staff often feel like violence *"is part of the job"*
- ➤ We must work on reminding staff that along with reporting, they must escalate serious events to their local managers
- ➤ Over *12,000* employees completed the myPATH training on de-escalation techniques

Next Steps

- ➤ *Event Reporting*
  - Monitor Threat Assessment Team activations per quarter (this information can be reflected on the quarterly dashboard)
  - Update the Safety/Security form in the SRS so that Threat Assessment Team activations data can be recorded and trended over time
- ➤ *Training and Education*
  - Implement more consistent debrief and analyses of staff harm events to determine preventability and to identify opportunities for improvement or need for further education
  - Trend data by practice area to determine if additional focused education is needed to mitigate future risk
- ➤ *Access Control*
  - Develop signage for all exterior entrances related to "no trespassing/weapons/solicitation"
  - Prioritize capacity to secure inpatient units and security upgrades for ambulatory areas
  - Rebadge all employees

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