



Workplace Violence Can't Be the Norm

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); Mary Jo Brogna, 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)

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> Event Reporting

- Continued to track WPV events using a dashboard
- Simplified reporting forms in the SRS
- Conducted ED resurvey to assess perceived prevalence of WPV and gauge effectiveness of recent improvement initiatives

> Event Response

- Training and Education
- > Access Control

Patient to Visitor 1%

Populations at risk in FY17.

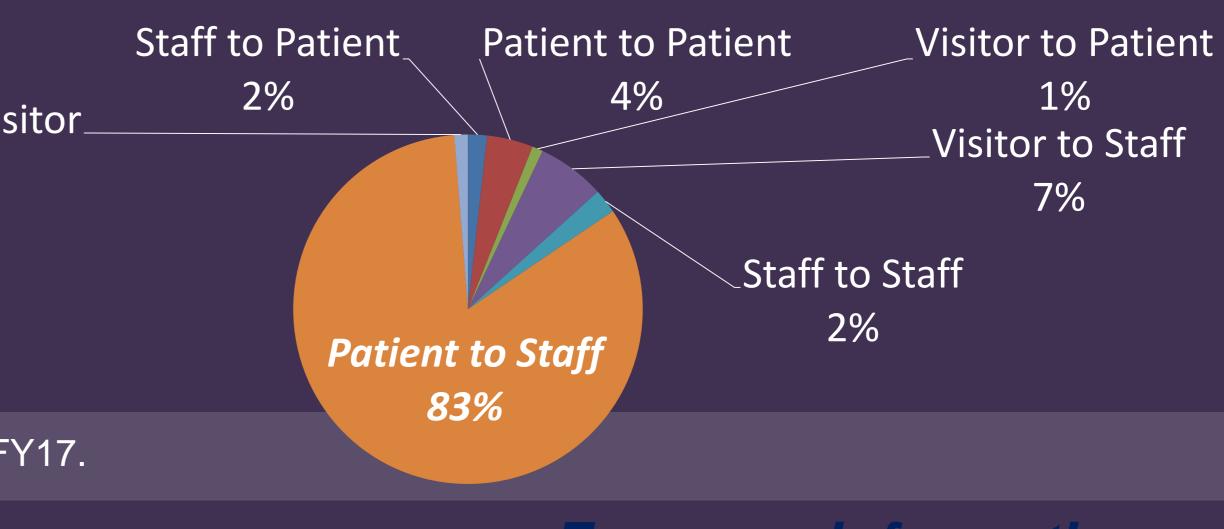
The Interventions

• Developed Threat Assessment Team activation protocol and an algorithm for evaluating threats • Created a 24/7 fixed security post for the ED

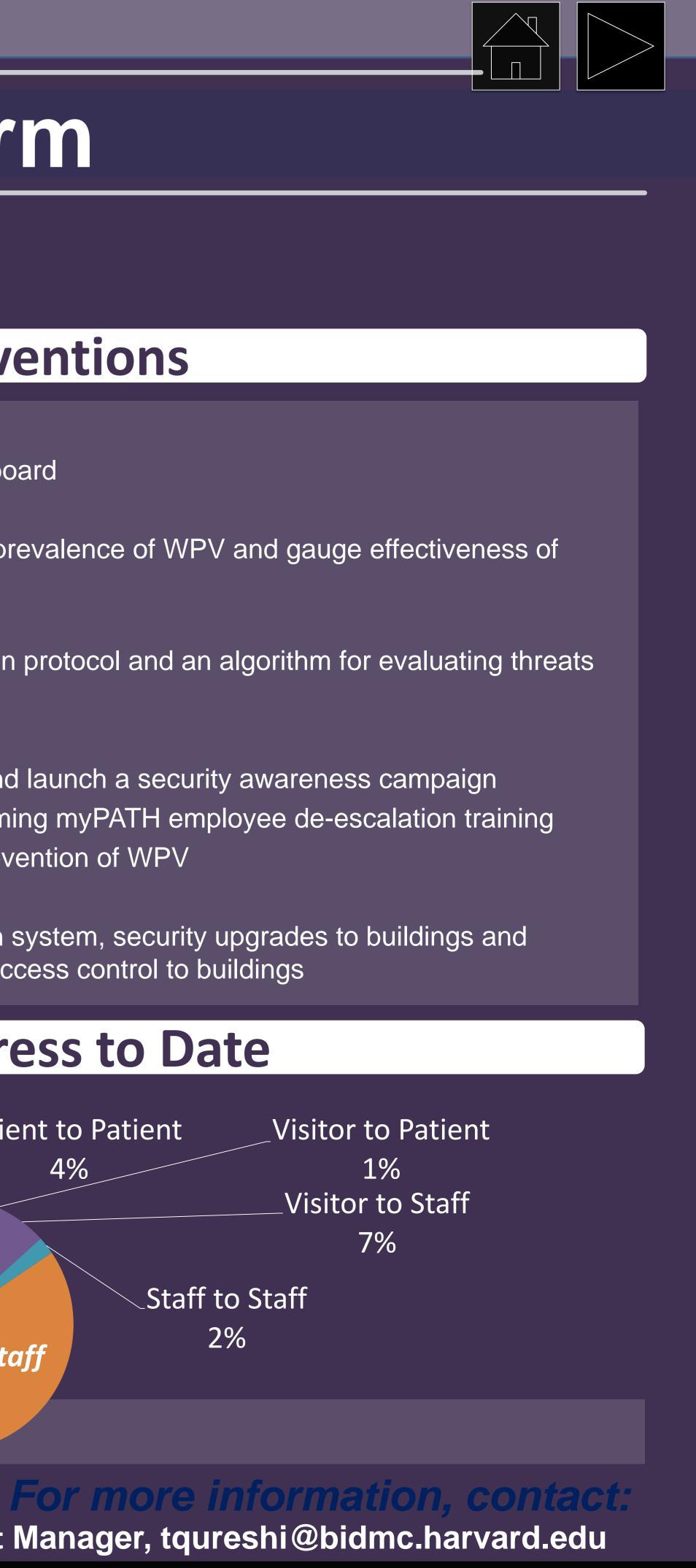
• Partnered with Communications to develop and launch a security awareness campaign • Created and reviewed scenarios for the upcoming myPATH employee de-escalation training Developed and launched a portal page for prevention of WPV

• Invested in the myAlert emergency notification system, security upgrades to buildings and parking garages, and technology to improve access control to buildings

Results/Progress to Date

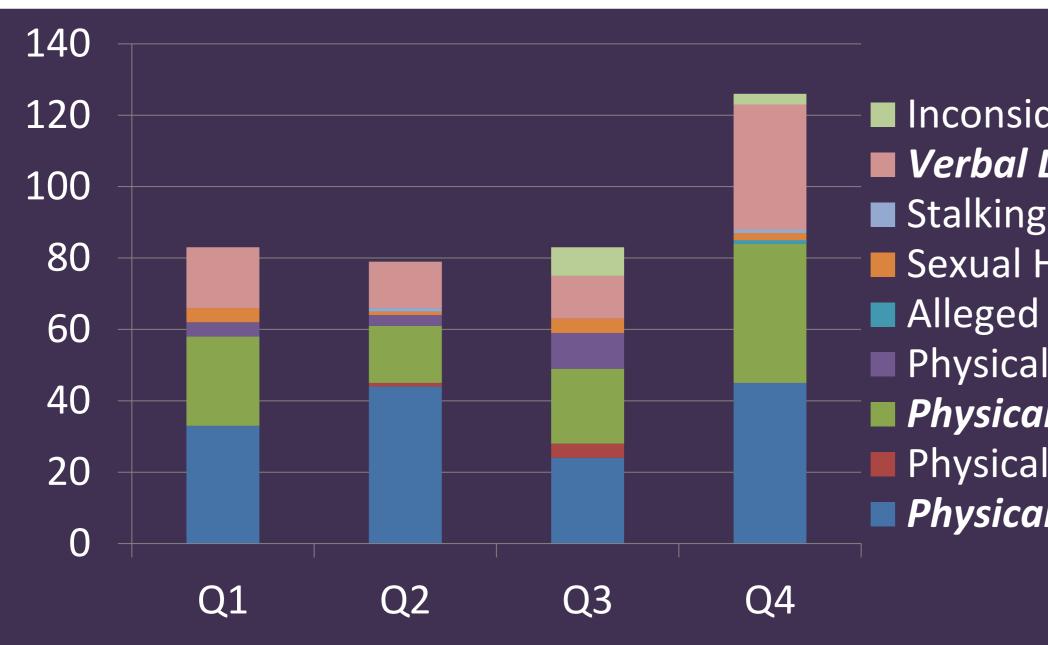


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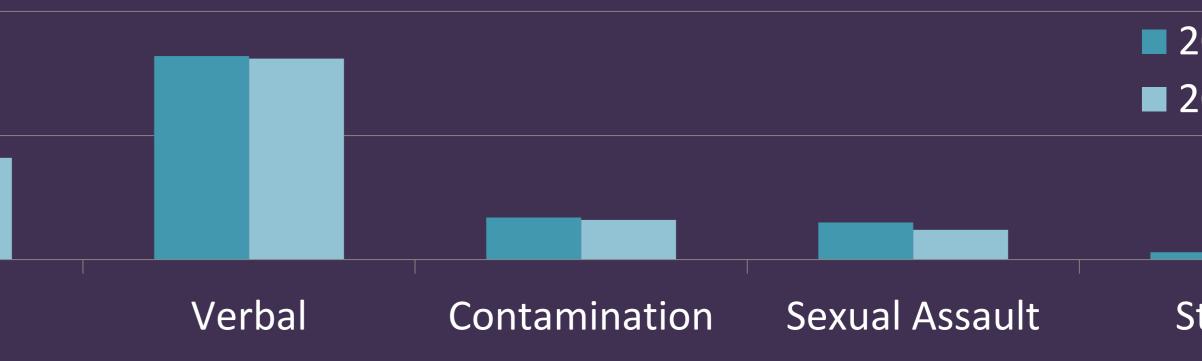
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More Results/Progress to Date

es of WPV Witnessed/Experienced by ED Employees in Last 7 Shifts



es of WPV remained unchanged, with verbal and physical violence the most xperienced by ED employees. Prevention efforts are still underway.

Lessons Learned

- nce are still grossly underreported due to:
- el like violence "is part of the job"
- refer to submit safety events in the SRS because it is too cumbersome
- nes find it difficult to de-escalate upset patients and visitors

Next Steps

- note the SRS to achieve a 10% increase in number of WPV event reports and -up in the SRS
- TH employee de-escalation training and achieve an 80% completion rate lerance WPV policy for patients and visitors
- 4/7
- r badging program and the locking of all inpatient units

For more information, contact:

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