



Workplace Violence Can't Be the Norm

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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).

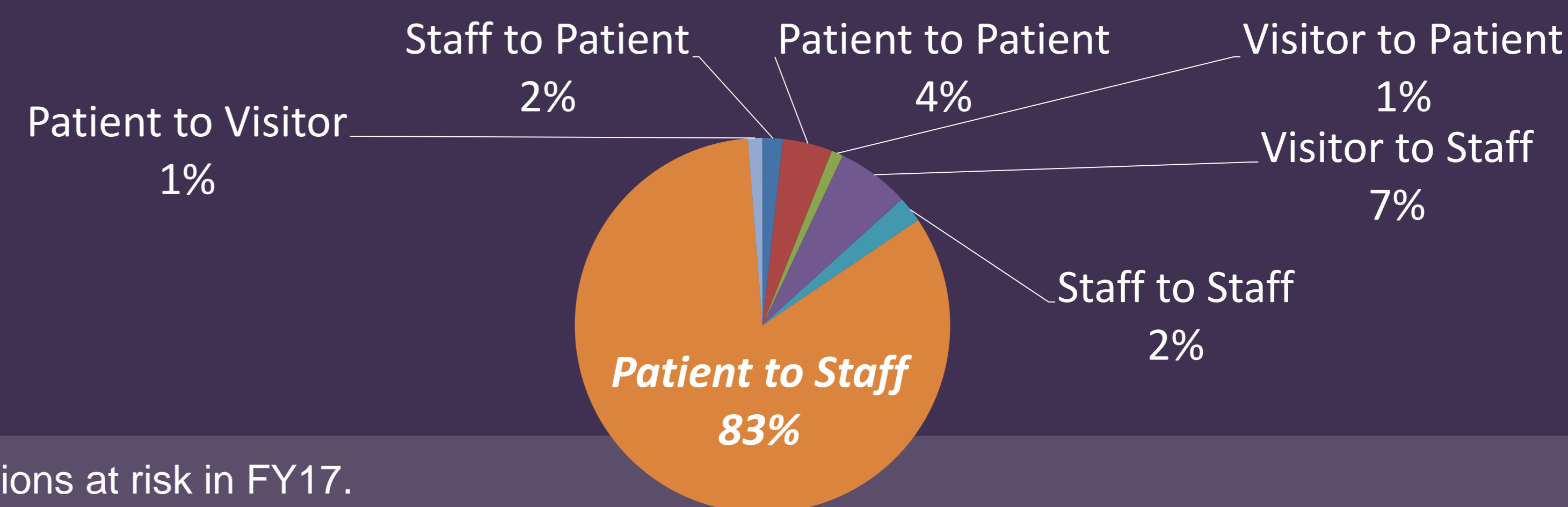
The Team

Pat Folcarelli, RN, MA, PhD (HCQ); Taj Qureshi, MPH (HCQ); Chris Casey (Public Safety); Meg Femino, HEM (HCQ); Andrew Zaglin (HR); Leslie Aji, 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)

The Interventions

- **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**
 - Developed Threat Assessment Team activation protocol and an algorithm for evaluating threats
 - Created a 24/7 fixed security post for the ED
- **Training and Education**
 - 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
- **Access Control**
 - Invested in the myAlert emergency notification system, security upgrades to buildings and parking garages, and technology to improve access control to buildings

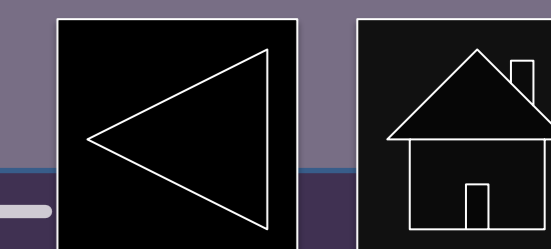
Results/Progress to Date



Populations at risk in FY17.

For more information, contact:

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

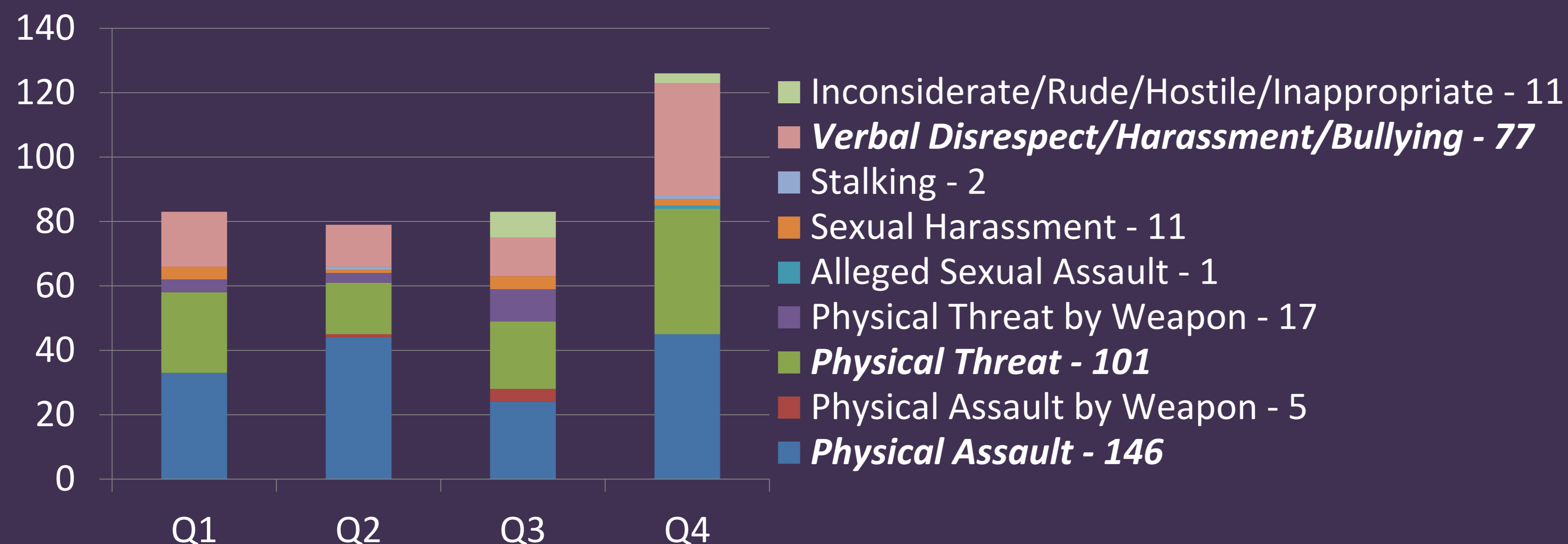


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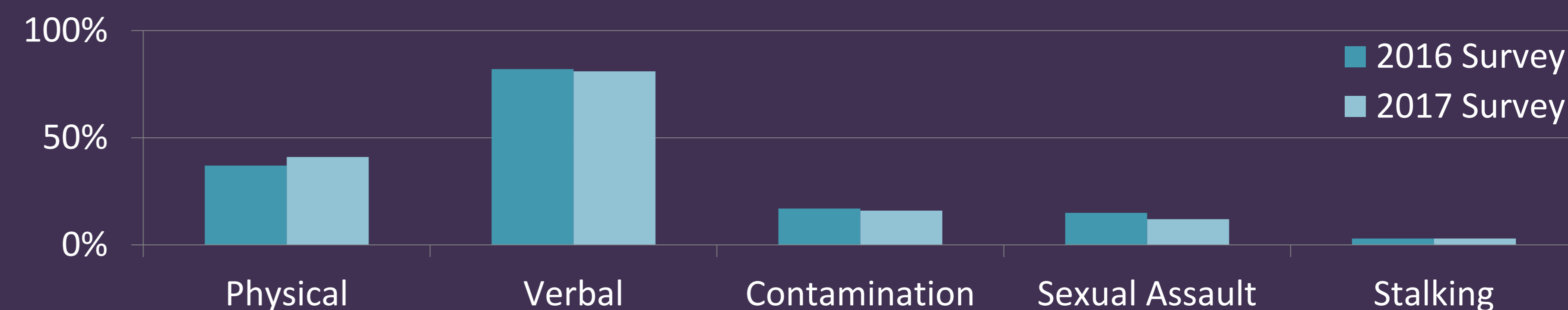
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More Results/Progress to Date



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



Reports of specific types of WPV remained unchanged, with verbal and physical violence the most frequently witnessed/experienced by ED employees. Prevention efforts are still underway.

Total number of events in FY17: 371.

Lessons Learned

- Episodes of violence are still grossly underreported due to:
 - Staff often feel like violence "is part of the job"
 - Staff do not prefer to submit safety events in the SRS because it is too cumbersome
 - Staff sometimes find it difficult to de-escalate upset patients and visitors

Next Steps

- Rebrand and promote the SRS to achieve a 10% increase in number of WPV event reports and subsequent follow-up in the SRS
- Roll out the myPATH employee de-escalation training and achieve an 80% completion rate
- Establish a zero tolerance WPV policy for patients and visitors
- Lock down ICUs 24/7
- Implement a visitor badging program and the locking of all inpatient units

For more information, contact:

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Location of Events

General Location	No. of Events	% of Total Events Reported
Inpatient	284	76.5%
Emergency	46	12.4%
Psychiatry	31	8.4%
Outpatient	10	2.7%
Total	371	100.00%

Source of Data

Data Source	No. of Events	% of Total Events Reported
ACS Reports	197	53.1%
SRS	101	27.2%
TCC	29	7.3%
Public Safety	21	5.7%
EOHS	25	6.7%
Total	371	100.00%

EOHS Reported Events

QTR	Total Expected Cost	OSHA Total Days Lost
1	\$13,807.96	8
2	\$30,318.16	47
3	\$20,667.40	36
4	\$29,729.19	33
Total	\$94,522.71	124