



**Workplace Violence Prevention:
From a Fragmented to an Integrated Approach
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Atlanta, Georgia
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PURPOSE

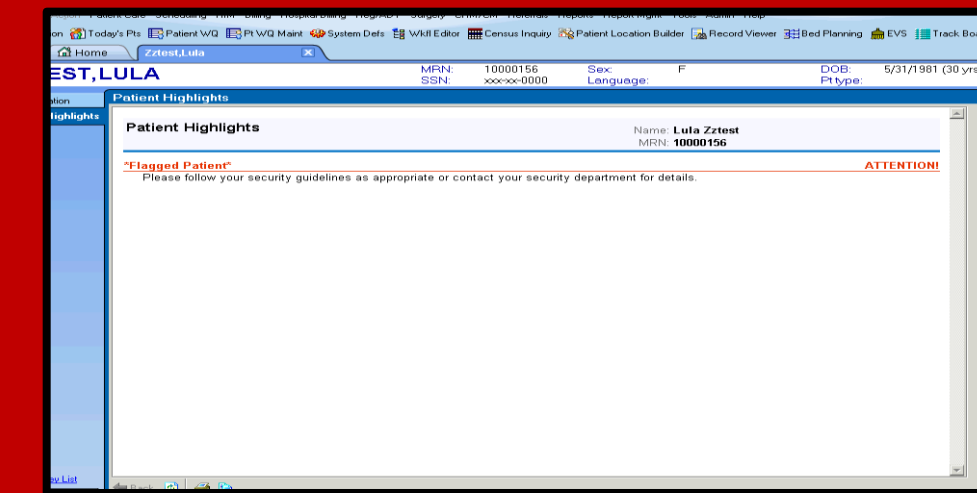
To describe the impact of an ED workplace violence awareness/prevention program that started with a violent triage incident in 2003 and led to a system-wide interdisciplinary approach to address the issue of WPV and to implement evidence based changes

SIGNIFICANCE

- Violence in the community is spilling into the ED's across the nation.
- In 2009, The U.S. Department of Justice reported an estimated frequency of 4 violent crimes per 1000 employed persons in the workplace and 10.2% of these crimes were against people in the medical field.

STRATEGY

An initial survey of ED personnel in an inner city hospital was completed regarding safety in the workplace. The survey included questions regarding violent experiences, perceptions about workplace violence in the ED and whether staff felt safe. A security analysis of the ED was also done with input and statistics from local law enforcement. An ED interdisciplinary taskforce was formed to problem solve. Later, community awareness coupled with state government support were sought to help bring awareness and resolution to the problem.

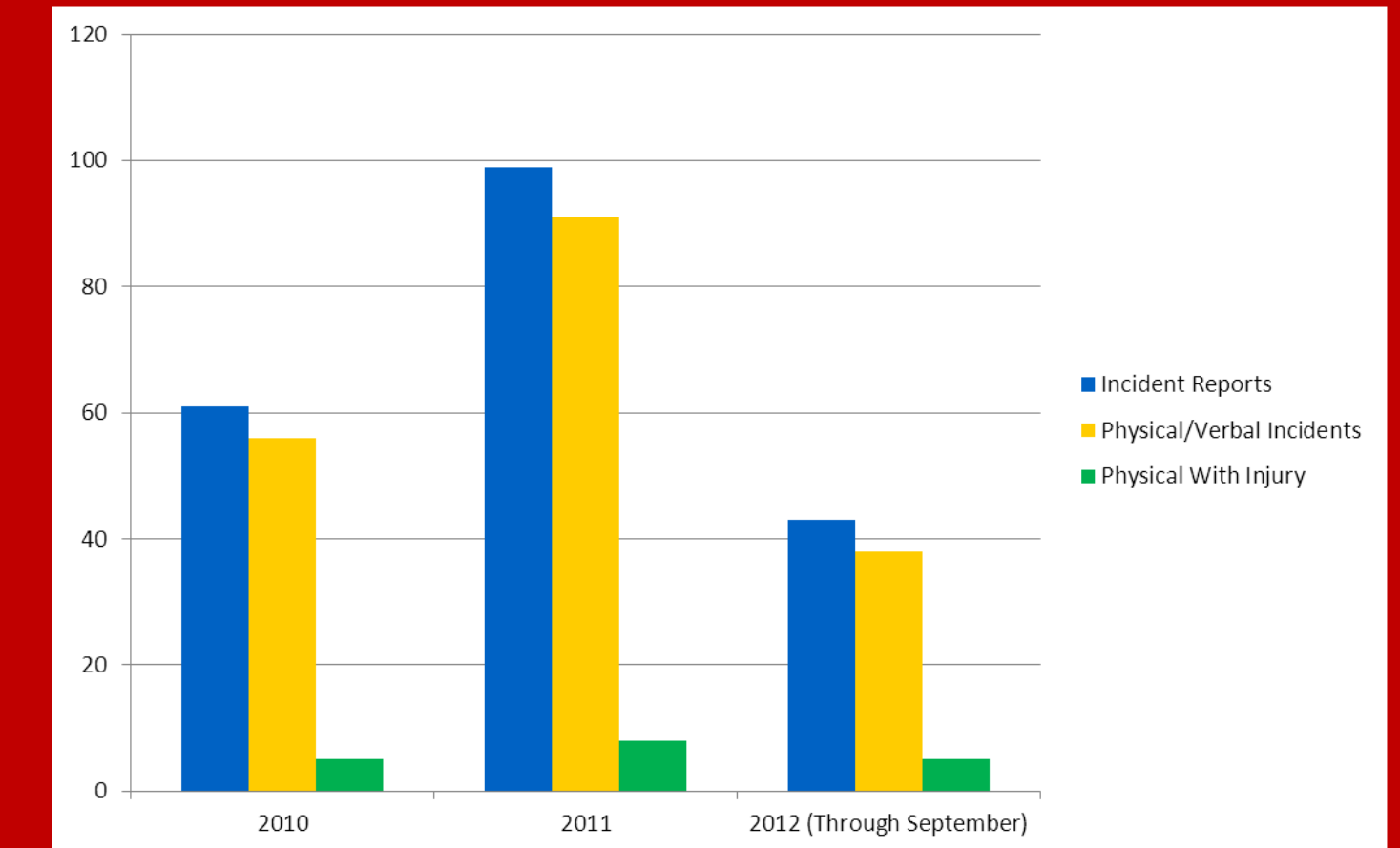


INTERVENTIONS

- Interdisciplinary ED workplace violence committee
- Enhanced physical security
- Staff Education
- Development of a reporting tool
- Post-incident debriefings
- Flagging violent patient charts while maintaining confidentiality
- De-escalation training
- Increasing security presence

EVALUATION

Outcomes included increased reporting of violence, a strong relationship with law enforcement and workplace violence prevention as a consideration in facility design. The passing of state legislation and involvement of local law enforcement was imperative in order to ensure safety, enforce the law and make changes that directly affect the amount of violence in the hospital and the community for which it serves.



BROKEN WINDOW THEORY

- Purports that tolerating lesser criminal acts, such as vandalism, in a community creates a "milieu of acceptance" to crime, thus allowing an escalation to take place because no barriers are created or enforced to stop the violence.
- The community in this instance mirrors the social disorder that occurs in the emergency department when the patient or visitor senses little resistance to their disruptive behavior.
- Subsequently, the behavior, if unchecked, often times will escalate from verbal outbursts to physical violence.



Law signed by Governor Beshear on April 11, 2012

OUTCOMES

- Increased reporting of violence
- Strong relationship with law enforcement
- Workplace violence prevention as a consideration in facility design
- Awareness was measured by the number of staff completing a computer-based learning module, increased from 72 completions in 2005 to 4,620 in 2011
- Most importantly, in 2011 one nurse testified before the KY state senate and house on this topic; at her urging legislation was introduced. Senate Bill 58 which supported tougher penalties for assaulting an ED healthcare worker passed unanimously through the KY General Assembly and was signed by Governor Steve Beshear on April 11, 2012

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WORKPLACE VIOLENCE INCIDENT REPORT FORM

Originated 04/09 Revised 7/12 Form No. SECURITY 001 Form No. 5031
The National Institute for Occupational Safety and Health defines workplace violence as an act of aggression directed toward a person or persons at work or on duty resulting from offensive or threatening language to homicide.

Date: _____ Day of Week: _____ Time: _____ Assaultant: Male Female
 Facility: _____ Unit: _____ Specific Location of Incident: _____
 Violence Directed Toward: Patient Staff Visitor Other: _____
 Assaultant: Patient Staff Visitor Other: _____
 Assaultant's Name If Known: _____
 Name of Victim(s): _____
 Predisposing Factors: Under the Influence of Drugs/Alcohol Dissatisfied with Care
 Dissatisfied with Wait Time Grief Reaction
 Prior History of Violence Other: _____
 Description of Incident: Physical Assault Threatening Behavior Verbal Abuse
 Injuries: No Yes, Extent of Injuries: _____
 Detailed Description of Incident: _____
 Present at time of incident: Police/Sheriff (name of dept.): _____ Hospital Security
 Necessary to Call: Police/Sheriff (name of dept.): _____ Hospital Security
 Resolution of Incident: Detained Police on Scene Arrested
 Disposition of Assaultant: Stayed on Premises Escorted Off Premises Left on Own Accord
 Asked to Leave Other: _____
 Were Restraints Utilized: No Yes, If so, type used: _____
 Witnesses: _____
 If physical contact or injury occurred to (check box to indicate appropriate Incident Report completed):
 Staff → Employee Incident Report must be completed (on paper)
 Assaultant → Patient/Visitor Incident Report must be completed (online)
 Completed By: _____ Date: _____ Time: _____
 Supervisor Notified: _____ Date: _____ Time: _____
 Send completed original form to Security and also fax to 259J38
 Flagging will occur as per the Workplace Violence Policy. Contact Security for questions.
 WORKPLACE VIOLENCE INCIDENT REPORT