

2022

STRONGER

vizient. CONNECTIONS SUMMIT

Sept. 19–21, 2022

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Implementing a Comprehensive Workplace Violence Prevention Program

Panel presenters

AtlantiCare, Atlantic City, NJ

Daren J. Dooley, MS, Corporate Director of Security

Susan Battaglia, MBA, BSN, RN, AVP, Nursing

Main Line Health, Radnor, PA

Nelly Perez-Melendez, MS, NREMT, Public Safety Support Specialist

Regina Reilly, MSN, RN, Clinical Nurse Educator Behavioral Health

University of Michigan Health, Ann Arbor, MI

Nasuh Malas, MD, MPH, Director, Pediatric Consult-Liaison Psychiatry,
Child and Adolescent Psychiatry Service Chief

Susan Burgess, MSN, APRN, AGCNS-BC

Psychiatric Behavioral Consultation Liaison Advanced Practice Nurse

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Learning Objectives

- Describe components of an effective health care violence prevention program.
- Discuss strategies that can be adopted to prevent and respond to workplace violence.

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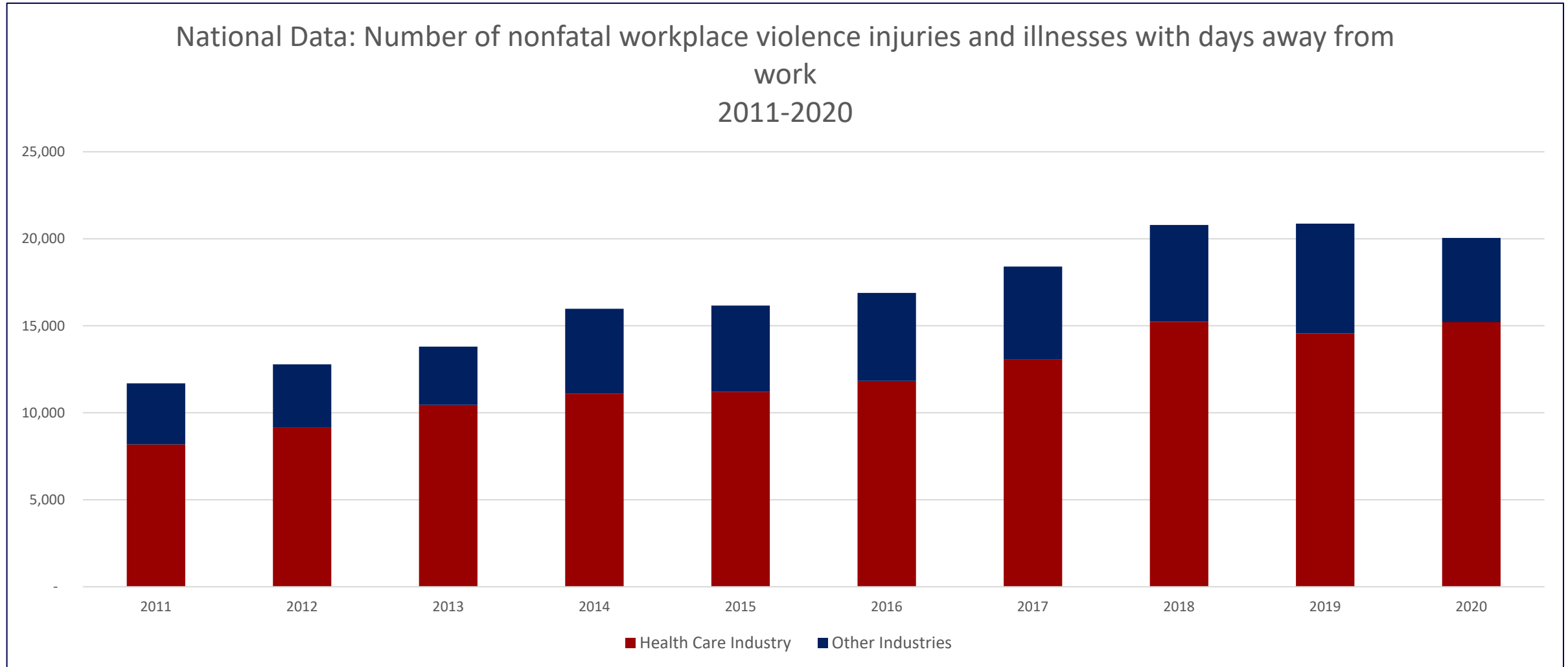
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National Data: Number of non-fatal workplace violence injuries and illnesses with days away from work



Defining Workplace Violence

Threatening, disruptive or dangerous behavior impacting persons in the workplace that can include any of the following: verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual or gender-based misconduct; physical assaults; or other behaviors of concern involving faculty, staff, learners, patients, or visitors – University of Michigan

The National Institute for Occupational Safety and Health (NIOSH) Sources of Workplace Violence in Healthcare:

- **Type 1:** Criminal Intent
- **Type 2:** Customer/Client (Patients/Families/Visitors)
- **Type 3:** Worker-on-worker
- **Type 4:** Personal Relationship (Domestic Violence)

Can the Electronic Medical Record Help Prevent Workplace Violence?

Admission Transfer Discharge

Red Behavior Scale

Time taken: 0 Responsible: Show: ☐ Row info ☐ Last Filed ☐ Details

Does patient show behaviors on red scale? ☐ Yes ☐ No

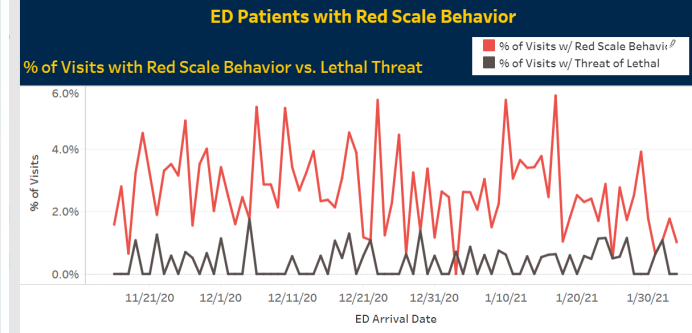
Observed Behaviors

Red Behavior Scale	Example Observed Behavior	Example Intervention
Agitated - Intent is to only involve themselves.		
Does the patient display a change in baseline behavior with intent to involve themselves?	Crying, Fearful, Fidgeting, Isolating, Pacing, Red in face, Rocking/Flapping, Staring/Glaring, Tapping, Tearful	Deep breathing, Identify stressor, Listen, Notify ATU/Charge Nurse, Offer choices, Physical activity, Redirect, Relieve stressor, Set limits
Disruptive - Intent is only to involve others.		
Does the patient display a change in baseline behavior with intent to involve others?	Crowding, Defiant, Frequent call light use, Hovering nursing station, Insulting, Manipulation of medical devices, Masturbation, Perseveration, Questioning, Refusing, Unable to redirect, Verbal sexualized comments, Vulgar language, Yelling	Notify ATU/Charge Nurse, Offer choices, Remove dangerous items, Safety check, Call Security (67890)
Destructive - Involves gross motor activity.		
Does the patient display an increase in gross motor activity with action towards objects?	Attempts to elope, Barricading room, Destroying property, Posturing, Sexualized behavior toward self, Spitting at objects, Throwing items	Notify ATU/Charge Nurse, Remove dangerous items, Safety check, Call Security (911)
Dangerous - Harm to self and/or others.		
Does the patient display harming behavior to self and/or others with actions toward person?	Biting others, Grabbing others, Kicking others, Pinching others, Pulling hair of others, Punching others, Pushing, Spitting, Self harm, Sexualized physical contact toward others, Throwing at others	Notify ATU/Charge Nurse, Remove dangerous items, Safety check, Call Security (911)
Threat of Lethal - *		
Is the patient suicidal or homicidal?	Threat to homicide, Threat to suicide	Keep patient talking, Notify ATU/Charge Nurse, Remove dangerous items, Say "do not do it", Stay with patient, Call Security (911)

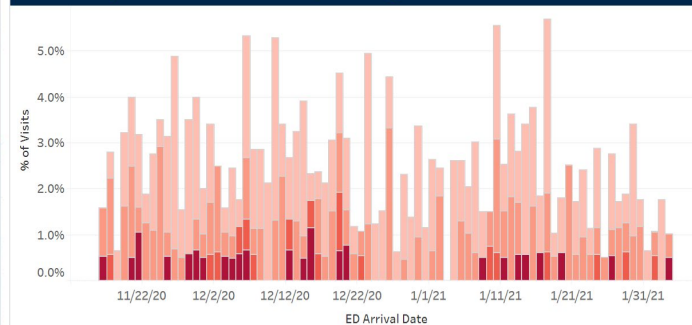
Red Behavior Scale® and Welle®
Patient Safety Report Form (Event)
Report an injury or illness
Reminder: If urgent assistance needed and unable to speak, ask for yellow card.

Restore Close Cancel Previous Next

ED Arrival Date Range: 11/16/2020 to 2/7/2021 Total ED Visits:

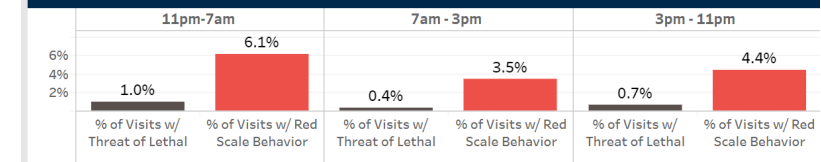


% of Visits by Maximum Red Scale Level, excluding Threat of Lethal



When Red Scale Behavior is Documented

% of Visits by Nursing Shift

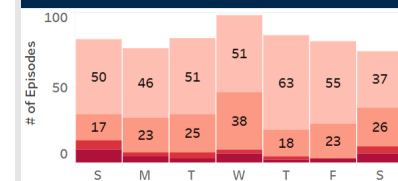


of Episodes per Red Scale Level, filterable by MiChart Input Location

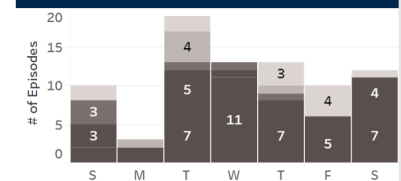
Current Selection: Triage or Ongoing

Red Scale Input Screen Selection: Triage or Ongoing

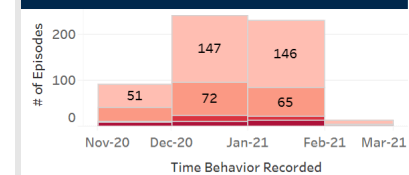
Red Scale Episodes By Day of the Week



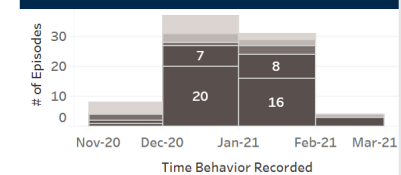
Lethal Threat Episodes By Day of the Week



Red Scale Episodes By Month



Lethal Threat Episodes By Month



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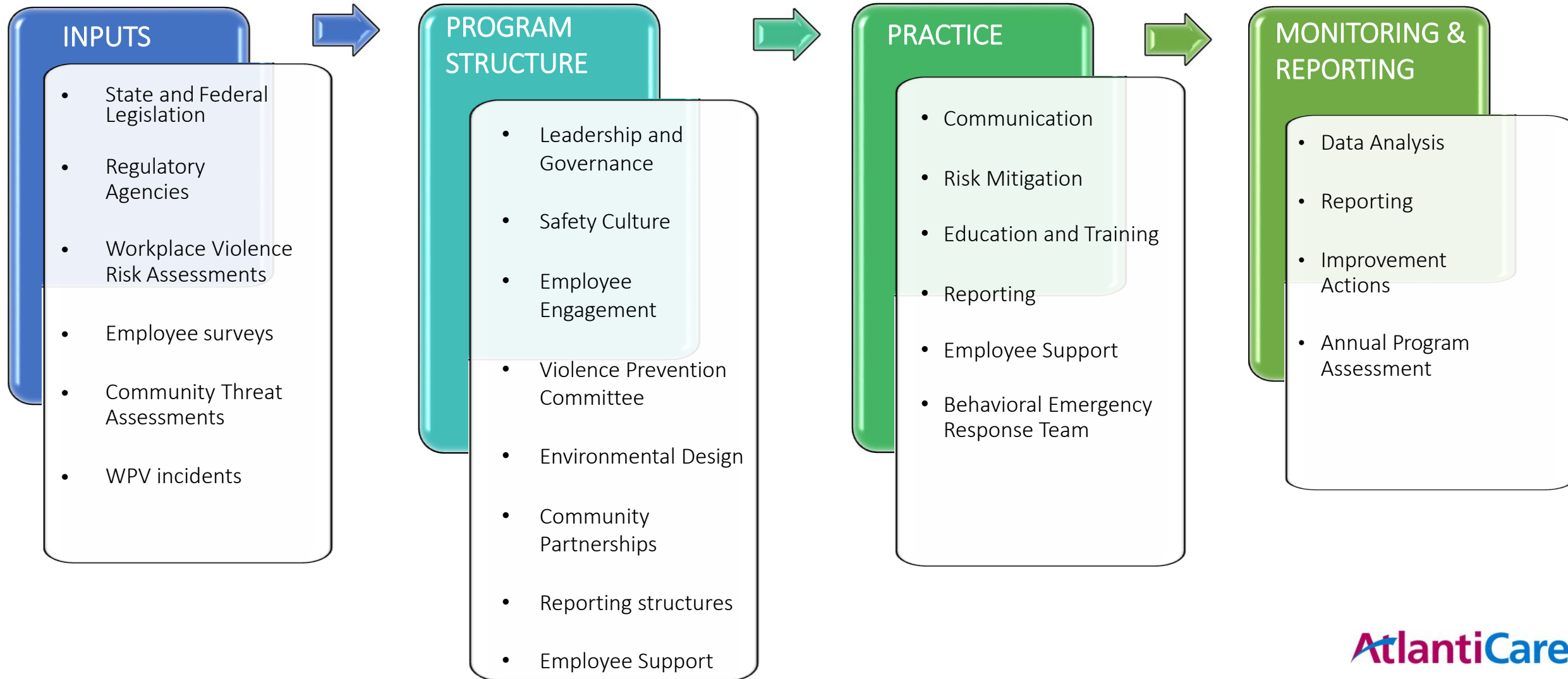
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Implementing a Comprehensive Workplace Violence Prevention Program at Main Line Health



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AtlantiCare Workplace Violence Prevention Program



Panel Discussion

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Lessons Learned

- Establish fundamental framework to conceptualize and communicate about workplace violence.
- Value of interprofessional core team with regular cadence of meetings for continuous process improvement.
- EMR build takes time and resources → impacts policy process and education development.
- System standardization and using our current response workflows.
- Staff engagement from all levels within the organization that includes active listening.
- Increase awareness of staff perception of safety.
- Validate your program from internal and external perspectives (work site analysis).

Key Takeaways

- Build a group of champions
- Need to review the evidence
- Develop a way to conceptualize violence with a common language
- Measure and trend violence that informs interventions including prevention
- Universal and strategic targeted interventions supported by education and training
- Regular engagement from all stakeholders
- Remove barriers to reporting events

Questions?

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