WORKPLACE VIOLENCE PROTECTION.....HOW IT ALL BEGAN

SANFORD TRACY MEDICAL CENTER

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Facility and Community Overview

- Tracy, MN—located in SW MN, Lyon county—rural community of 2,300
  - Geriatric population.
  - Typical Rural Community

- 25 bed CAH built in 1960 with attached RHC and ER

- Emergency Room—Level 4 Trauma designation

- 2 MD’s and 4.5 APP’s with behavioral health services
  - 1 Nurse Practitioner specializing in Behavioral health
  - 2 LICSWs counseling patients in Behavioral health

- 90 Employees
Multiple Points of Entry throughout the campus.
Violence Against Healthcare Workers Law

By January 15, 2016, all Minnesota hospitals must:

▶ Designate a committee of health care workers to develop preparedness and incident response action plan for acts of violence (Workplace Violence Prevention Policy and Procedure Plan)
▶ Review plan and procedure at least annually
▶ Make plan and procedure available to law enforcement and, as appropriate, to collective bargaining units
▶ Provide training to all health care workers employed or contracted with the hospital (annually and upon hire) on safety during acts of violence
▶ MN Dept. of Health has authority to issue fines for non-compliance
Gap Analysis was performed using the MN Hospital Association Violence Prevention Road Map

- Six page Gap analysis for violence prevention and to implement best practices.

  - Road Map Focus was on:
    - Safety Coordination
    - Accurate and Concurrent Reporting
    - Facility Culture and Accountability
    - Staff Education
Workplace Violence Protection Plan

- Identify Opportunities and performed specific environmental risk assessment.

  - Interdisciplinary team formed:
    - CEO, CNO, PI/Risk manager, ER manager, Patient Safety, Medical Staff, Social Services/Behavioral Health, Maintenance manager, Clinic Nurse manager, Registration manager
    - Used Gap analysis with our interdisciplinary team to develop our workplace violence protection plan
    - Team oversees the action plan and reviews the action plan annually
Ouality Violence Protection

- Departmental & Organizational Environmental Risk Assessment Performed
  - Opportunities & Risks Identified:
    - Behavioral Health Outpatient services and patients with related issues
    - ER 24/7
    - Pharmacy products including narcotics on site
Workplace Violence Protection

- No retail pharmacy located in town after 5pm daily
- Non English speaking population (Hmong & Hispanic)
- No In-house security
- Local law enforcement coverage with limited hours and response times
- 95% of staff are female
- Limited number of staff on duty during evening and night hours
Workplace Violence Protection

- High population of elderly and those with dementia related behaviors

- Economic adversities with effects on general populations

- Lack of employee knowledge of how to manage violent situations and self protection

- Code Man policy in place is not current or practical

- Parking lot and entrance lighting may be inadequate especially with the changes that are needed according to aviation standard for our helipad
Workplace Violence Protection

- Only one exit in the Emergency Room
- Evening door locking rules and actual practices may be needing revisions
- Lockdown and access practices at the attached independent living facility are questionable and may be posing risk of unauthorized entries
- No notification system at front entrance for off hour access requests
- Employee Parking issues that may need to be reviewed
Workplace Violence Protection

- After analyzing risk assessment, funds were needed to make facility improvements and educate staff
  - Applied and Received MN Rural Flex Grant to provide training for all high risk employees and to make improvements.
  - Applied and Received Funds from the MN Hospital Association Grant to improve door security
  - Applied and Received Funds from the State of MN Capital Improvement Grant to Fund replacement Nurse Call system to aide with “Panic Buttons” for nurses.
MN Rural Flex Grant:

- Received Funds to provide an in-depth training program that teaches individuals how to recognize, reduce and manage violent and aggressive behavior and teach defense and safety skills. 99 Employees between Sanford Tracy & Westbrook participated in the training.

- All High Risk employees went through the training—Nurses, maintenance, receptionists, Behavioral Health, clinic staff, providers, male employees, home health, rehab services, resp. therapy, interpreter services, Unit coord, CEO, risk manager, human resources, operations managers.
Workplace Violence Protection

- MOAB (Management of Aggressive Behavior)
  - Taught principles, techniques and skills used to recognize, reduce and manage anxious aggressive and violent behavior
  - Gain personal empowerment through increased confidence and skills used during threatening situations
  - Minimize potential for injury to staff, bystanders and the individual
  - How to communicate verbally
  - How to communicate non-verbally
  - How to manage the 3 stages of conflict—Anxiety, Verbal and Physical Aggression
Workplace Violence Protection

- MN Hospital Association Grant:
  - Received Funds to install after hour key pad entry at two final at risk entry points and the ability to have two way communication with the nurses station.

- MN Capital Improvement Grant:
  - Received Funds to update nurse call system which included personal panic buttons for nurses to wear at all times and also available in high risk areas.
Workplace Violence Protection Implementation

- Education
  - All staff annually and all new hires are educated with two courses through our Sanford learning system: Management of Aggressive Behavior and Workplace Violence Protection
  - Active Shooter and Armed Intruder DVDs were required for all staff to view

- Improved lighting for after hour staff parking
  - Added lighting outside the south entrance

- Revamped after hours staff parking location
  - After hour staff were instructed to park by the south entrance.
Workplace Violence Protection Implementation

- Revised time for after hour lockdown for front and south access doors and independent living door

- Code Man Policy Updated to standardized language of Violence Protection Policy.
  - State of MN requirements
  - Definition of Workplace Violence
  - Guidance to handle different types of violent behavior–i.e. in person or on phone or active shooter
  - Reporting of an event
  - Follow up after event

- Meeting with Chief of Police
  - Discuss potential training and participation in simulated drill or table top drill. Summer of 2017 with local and county law enforcement.

- Implemented Violent Screening Tool to assess all hospital patients.
  - Embedded in the EMR and is a tool for staff to objectively assess patient behavior.
Workplace Violence Protection Implementation

BROSET VIOLENCE SCREENING TOOL
## Workplace Violence Protection Implementation

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### Broset Violence Screening

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**MODERATE RISK**

- Activate behavioral response team
- Approach with caution
- Aromatherapy
- Assist precautions
- Assess for pain/discomfort
- Careful observation
- Contact provider for PRN medications
- Decrease stimulation
- De-escalation
- Evaluate environment for possible safety
- Initiate frequent rounding
- Maneuver needed
- Offer PRN medications
- Provide distraction
- Redirection
- Review info and medications
- Comment (F6)
Workplace Violence Protection Implementation

HIGH RISK
Workplace Violence Protection Implementation

Very High Risk

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Interventions: Moderate Risk

Interventions: High Risk

Interventions: Very High Risk

Very High Risk

Interventions:
- Activate behavioral response team
- Activate Man Power Alert
- Administer medications; consider IM/IV if unwilling to take oral per doctor's order
- Altern (Activate Man Power Alert)
- Approach with caution
- Aromatherapy
- Assault precautions
- Assess for pain/discomfort
- Assess the need for police support and contact police if needed
- Careful observation
- Contact provider for PRN medications
- Contact provider for Mental Health consult if not already done
- Contacted Risk to apply protection alert
- Decrease stimulation
- Deceleration
- Evaluate environment for possible safety concerns
- IDT conference
- Initiate frequent rounding
- Initiate physical restraints or seclusion
- Manpower needed
- Notify provider for additional orders/direction
- Notify security of increased risk, determine plan of action
- Offer PRN medications
- Provide distraction
- Redirection
- Remove sharp objects/hazards from patient room
- Review labs and medications
- Video Monitoring
- Violence risk signage
- 1:1 observation

Comment (F5)
Workplace Violence Protection Implementation

- Participated in ALICE Training
  - Alert–Lockdown–Inform–Counter–Evacuate
  - Had two staff members attend training Spring 2017
  - Plan to have two staff members bring back training skills to teach all staff–Fall 2017
  - Will teach skills on how to more proactively handle the threat of an aggressive intruder or active shooter event
Workplace Violence Protection

- How did this help our Facility?
  - Developed workplace prevention plan which helped to layout expectations for staff and what to do in violent situations.
  - Intentionally went through all areas and did a deep dive to identify risk areas to put in plans of prevention.
  - Awareness was heightened with staff by looking at situations that could happen and how to react.
    - (Often take for granted in Rural Facilities—everything is safe)
  - Annual Education helps to remind staff of the risks that could happen and how to react and handle situations safely that may come up.
Questions?