Stop Patient Violence Against Healthcare Workers

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Evidence-based Practice Fellowship (November 2019- June 2020)

ACKNOWLEDGEMENTS

We have no disclosures.

BACKGROUND

Where is it ok to come to work and be hit in the face?

73% percent of all nonfatal workplace violence injuries involve healthcare workers[1]

OHSU staff are expressing a readiness for change by voting staff well-being and wellness as the 1st and 4th responses in the 2025 Strategic Plan for both priority and urgency.

State and Federal authorities are taking note of the issue faster than we are responding.

Oregon state law: Oregon Safe Employment Act ORS 654.414 (1)(c) . June 30th 2021 organizations held accountable

Federal Bill H.R.1309 -Workplace Violence Prevention for Health Care and Social Service Workers Act passed house in November 2019 and mandates implementation of a comprehensive workplace violence prevention plan including annual in-person training.

Why is matters: direct cost associated with treating injury and days away from work, the psychological impact of experiencing WPV, and it shouldn't be ok to come to work and be hit in the face.

PICO(T) QUESTION

- Is education (I) for inpatient nurses (P) effective in decreasing incidence of workplace violence (O)?

Evidence Retrieved

Research Evidence				
Non-experimental	Quasi-experimental	Experimental	Systematic Reviews	Meta-analysis/ Meta-synthesis
1 (low;low)	0	1 (High; Good)	4 (Mid; Good)	0
No change in 'code green' events with training		Decrease in self-reported inidence WPV in female homecare workers with computer based learning	Reviews are good but use of poor quality studies with conflicting evidence	

Non-Research Evidence		
Expert Opinion	Organizational (QI/financial data)	Clinical Practice Guidelines
2 (High; High)	1 (Low; Good)	0
State + Federal programmatic recommendations for WPV	4hr class increases confidence	

- ▪ Databases searched: PubMed, Cinahl
- ▪ Key words used: Inservice Training, Violence/prevention and control, Workplace Violence/prevention and control, Aggression/prevention and control, Aggression management training, Aggression prevention training, Violence prevention training, Nursing Staff, Hospital, nursing staff, nurses, hospital, hospitals
- ▪ Limits used (e.g., years, human, age): English, past 20 years

Evidence Summary

- No strong conclusions can be drawn about the impact of training on WPV
  - *Very few studies examine efficacy of training. Wide variety in education delivery method, length, voluntary vs mandatory, limited follow up on length*
- Effects of training not seen >6 months
- Clear increase in participant confidence and feelings of safety

More methodologically rigorous research is needed to establish whether education is effective in decreasing incidence of patient aggression and staff injury.

High quality WPV programmatic recommendations for hospitals

ACTION PLAN

To be implemented June 2020

Code Green expert rounding on all inpatient units:

- Provide Code Green data

- Responding to escalating behavior, understanding when is it an emergency

- Clarify documentation to include "Code Green" in note for data collection

- Socialize existing tools

Measureable

Data would be collected via the same method as baseline data – measure work injury incidents recorded with WSIRS and code green reports via EPIC. Analyze data and see if there are any statistically significant changes after intervention.

PROJECT METRICS

	Metric	Operational Definition	Source of Data	Data Collection Frequency	Data Aggregation (frequency & level of analysis – unit, pt. pop)	Feedback Plan (to what stakeholders, & when)
PROCESS	Number of Code Greens	The measure of Code Greens called in all patient notes filed in EPIC containing Code Green	Electronic Health Records	Collected per month	Data is analyzed per week, from the level of per unit up to total within OHSU	Presentation within EBP as well as Code Green monthly meetings
	Number of work place injuries caused by patient violence	The measure of work place injuries from WSIRS reports	Work injury reports filed in WSIRS	Collected per quarter	Data is analyzed per month, from the level of per unit, up to total within OHSU	Presentation within EBP as well as Code Green monthly meetings
OUTCOME	Preliminary data collection for baseline data presented on Results next slide.					

RESULTS

**NUMBER OF CODE GREENS BY LEVEL OF CARE
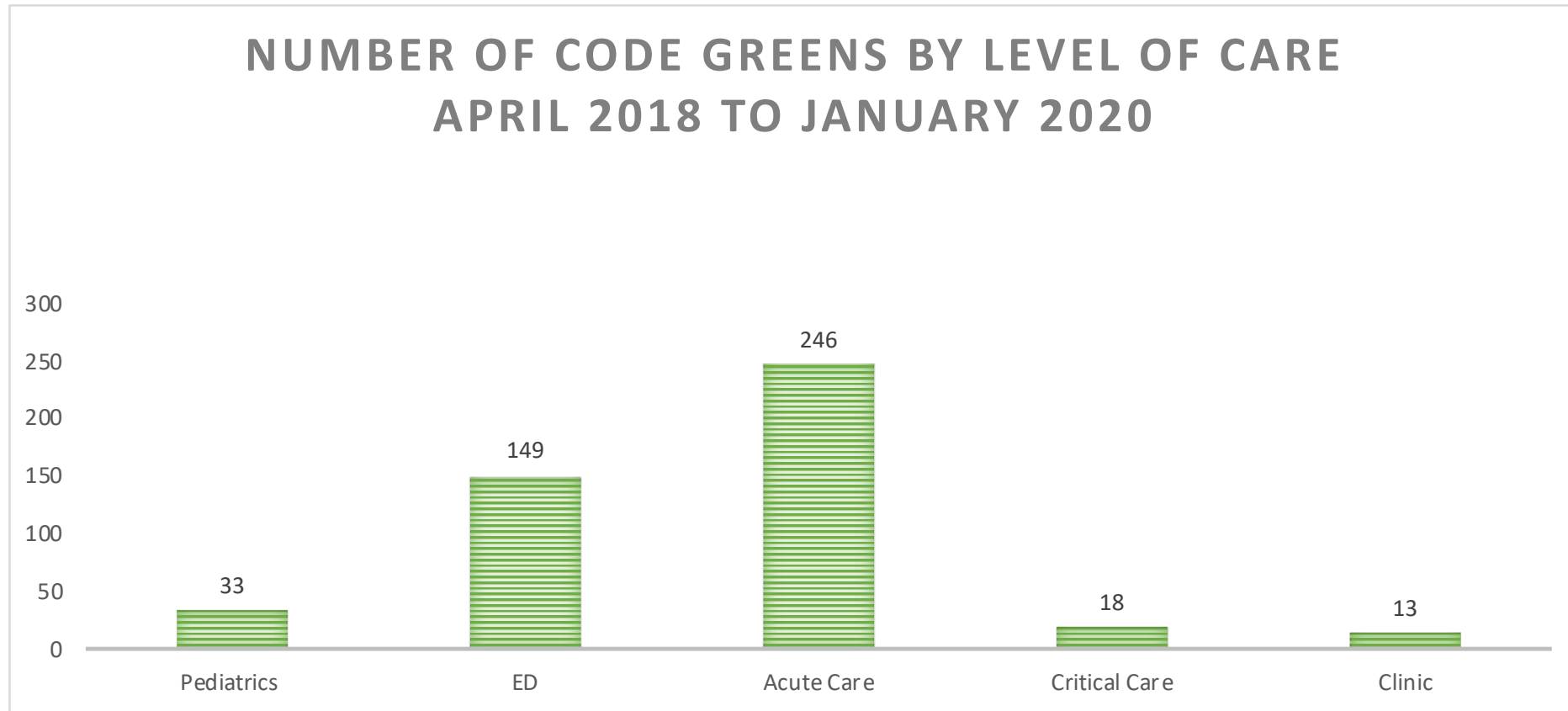APRIL 2018 TO JANUARY 2020**

Figure 1. Total number of Code Greens by level of care

The most Code Greens called per group was acute care, second highest was the ED.
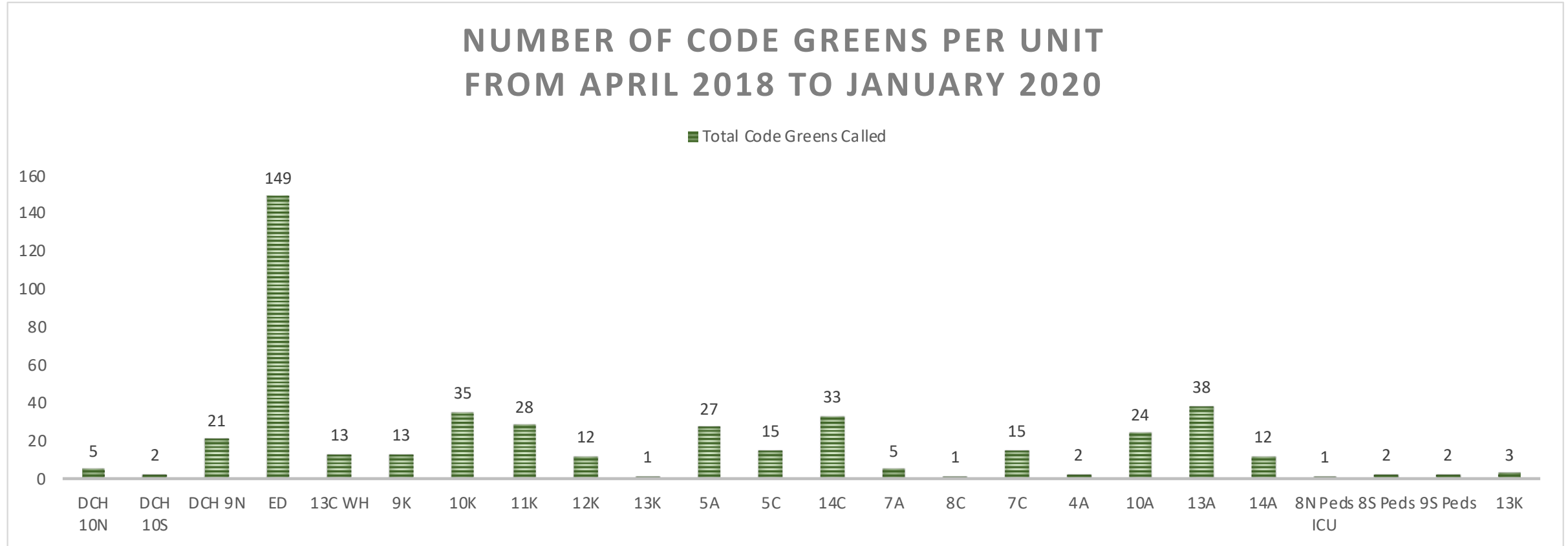
RESULTS

Figure 2. Total number of Code Greens per unit

The most Code Greens called per unit was in the Emergency Room. The second highest was in 13A.

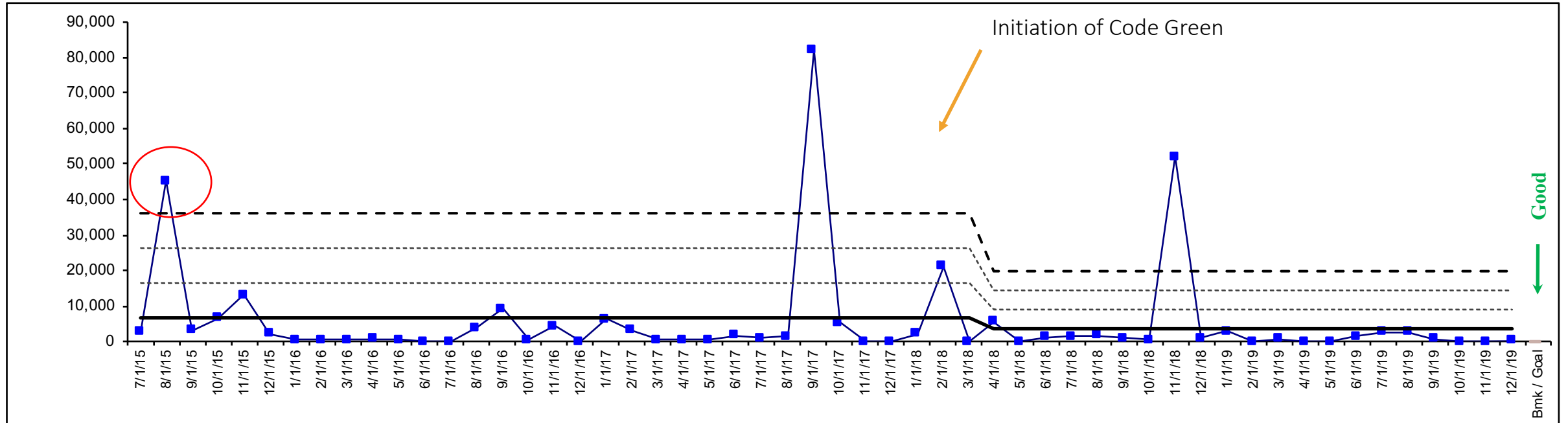# RESULTS: Incurred Costs From Assaults on OHSU Personnel

Figure 3. Cost incurred due to work place injuries related to patient violence over time.

The total incurred costs related to work place violence has decreased altering the baseline trend. A noticeable change in the trend occurs at the time of the Code Green inception.

Data collected from work injury reports and analyzed by Mae Johnston OHSU data analyst

RESULTS : Work Injury Reports vs Cost

Cost of Work Injuries vs Number of Work Injuries

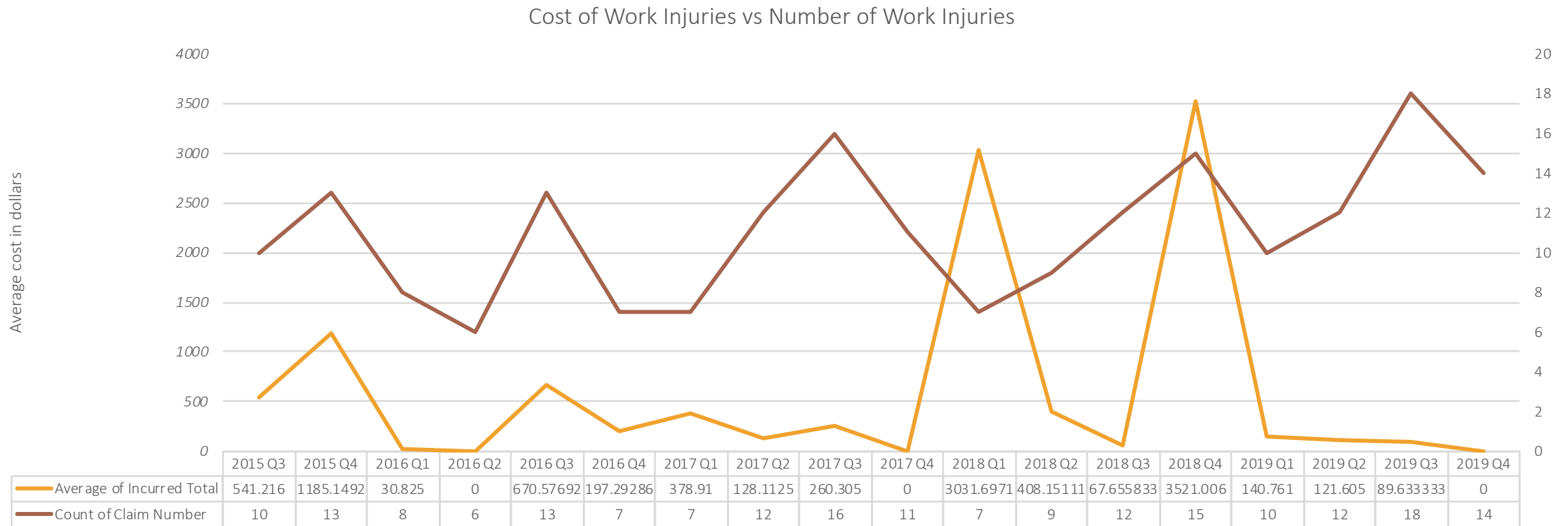|	2015 Q3	2015 Q4	2016 Q1	2016 Q2	2016 Q3	2016 Q4	2017 Q1	2017 Q2	2017 Q3	2017 Q4	2018 Q1	2018 Q2	2018 Q3	2018 Q4	2019 Q1	2019 Q2	2019 Q3	2019 Q4
Average of Incurred Total	541.216	1185.1492	30.825	0	670.57692	197.29286	378.91	128.1125	260.305	0	3031.6971	408.15111	67.655833	3521.006	140.761	121.605	89.633333	0
Count of Claim Number	10	13	8	6	13	7	7	12	16	11	7	9	12	15	10	12	18	14

Figure 4. Number of work injuries over time alongside average cost of work place injuries over time

Reviewing the work injury reports vs cost; the count of work place violence reports has increased, however the cost associated has decreased.

Return on Investment

Direct Costs (Largely Workers Comp)

Indirect Costs

Operational Losses
Staff Turnover
Decreased Efficiency/Productivity
Negative Impact on Quality of Care/Service
'Human' Error & Impact on Patient Safety

- Decreased cost of workers' injuries
- Positive effects on nursing culture
  - Nurse burnout, turnover with estimated cost for nurse replacement $27,000-$103,000
  - Increased patient satisfaction scores + decreased medication errors and infection rates3

CHALLENGES

- COVID-19 changing priorities and readiness to learn

- Lack systemic approach and culture change towards violence in workplace

IMPLICATIONS

- OHSU has a need for addressing WPV

- Code Green may be effective in decreasing severity (cost) of worker injuries

- Relying too heavily on staff training will not adequately address the multifactorial issue of WPV

  - An aggression management approach that focuses on prevention strategies and recognizes the contribution of individual, environmental, and clinical variables is likely to yield the most effective results

- Education may not be the cure to WPV but creating a culture shift towards non-tolerance of violence is a step towards success

CONCLUSION

While patient violence towards staff continues to be an important issue that effects all of our units at OHSU we are sensitive to new budget crises as well as changes in staff readiness to learn as we take our next steps. We aim to reach project completion in October 2020.

> "It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who errs, who comes short again and again, because there is no effort without error and shortcoming; but who does actually strive to do the deeds; who knows great enthusiasms, the great devotions; who spends himself in a worthy cause; who at the best knows in the end the triumph of high achievement, and who at the worst, if he fails, at least fails while **daring greatly** . . . . ."

— THEODORE ROOSEVELT

QUESTIONS & DISCUSSION

REFERENCES

1) Workplace Violence in Healthcare, 2018 - bls.gov. (2020, April 8). Retrieved April 27, 2020, from https://www.bls.gov/iif/oshwc/cfoi/workplace-violence-healthcare-2018.htm

2) Preventing Workplace Violence in Healthcare. Understanding the Challenge (2015).Occupational Safety and Health Administration (OSHA).Retrieved from https://www.osha.gov/dsg/hospitals/workplace_violence.html

3) Livingston JD, Verdun-Jones S, Brink J, Lussier P, Nicholls T. A narrative review of the effectiveness of aggression management training programs for psychiatric hospital staff. *J Forensic Nurs*. 2010;6(1):15-28. doi:10.1111/j.1939-3938.2009.01061.x