

# Workplace Violence Prevention – Safe at Last?

Mary Albrecht, Patient Representative, MBA Lek Kremer, Nurse Manager, BSN, MAOL

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#### Disclosures

The speakers have no conflicts of interest or disclosures related to this presentation

The tool discussed in this presentation is from work done at HealthPartners and is a proprietary product of our organization.



# Regions Hospital



Established in 1872
Level 1 trauma & pediatric trauma center
Teaching & research hospital
454 beds
Comprehensive Stroke Center
Inner city hospital located in St. Paul, MN

#### Call to Action





# Background

- 2004-Best Care Best Experience, it started with a cultural shift
- Workplace Violence Prevention began late 2013, more structured 2014
- 2014-HealthPartners Annual Engagement Survey indicated that 89% of employees believed that "adequate measures are taken at my location to ensure employee safety"
- 2015-Minnesota Legislature passed a law that hospitals must design and implement preparedness and incident response plans for action.
- 2018- HealthPartners Annual Engagement Survey indicated that 89% of employees believed that "adequate measures are taken at my location to ensure employee safety"



#### Overall Plan



# 2014—Roadmap developed by Minnesota Hospital Association

- Safety Coordination Violence Prevention Program
- Accurate and Concurrent Reporting
- Facility Culture and Accountability
- Staff Education



# Safety Call

- Facilitated daily by senior leader
- 38 departments report
- Workplace Violence incidents and PERT (Psychiatric Emergency Response Team) activations included
- Identified as one of the first key successes of the safety call was the **increased awareness** of the amount of workplace violence experienced by staff across the hospital.
- Safety call is an efficient format for leaders to request additional security rounding as needed for their area.



# Communication of Risk-MIAHTAPS<sup>©</sup>

	Behavior Exhibited	Description	Score
M	Altered Mental Status	Appears confused, disoriented, disorganized, intoxicated (drugs or alcohol)	<ul><li>yes (1)</li><li>no (0)</li></ul>
I	Irritable	Upset, easily startled, easily annoyed, alarmed, or mumbling	<ul><li>yes (1)</li><li>no (0)</li></ul>
A	Agitated	Rapid speech, hyperventilation, uncooperative, raise voice/shouting, flailing around in bed	<ul><li>yes (1)</li><li>no (0)</li></ul>
Н	History of violence	Any history	<ul><li>yes (2)</li><li>no (0)</li></ul>
T	Threatening verbal/physical	Physical/verbal actions with clear intent to intimidate or cause harm	<ul><li>yes (3)</li><li>no (0)</li></ul>
A	Attacking objects	A physical attack directed at an object, NOT a person	<ul><li>yes (3)</li><li>no (0)</li></ul>
P/S	Pacing and/or Staring	Not breaking eye contact, prolonged glaring, pacing	<ul><li>yes (1)</li><li>no (0)</li></ul>



#### Communication of Risk – MIAHTAPS interventions

Risk score 0-2	Risk score 3-4	Risk score 5+
low- medium risk	high risk	severe risk
•Comfort items* •Comfort room as indicated (MH) •Exercise equipment •Head phones •Rocking chair (MH) •Oral motor interventions— gum, hard candy •Weighted shrug/pad (MH) •Dim lights  *Comfort items: Fidgets, stress ball, word puzzles, coloring sheets, journals, music	<ul> <li>Notify provider to order MIAHTAPS order set</li> <li>Provide comfort measures as indicated: warm blanket, beverage, snack, weighted shrug-MH</li> <li>Offer as-needed meds as ordered</li> <li>Provide communication: plan of care update, wait time, orient patient to place, time, situation, verbal deescalation, allow time to vent</li> <li>Notify Charge RN</li> <li>Distraction</li> <li>Decrease stimulation</li> <li>Pet therapy</li> <li>Music consult</li> <li>Identify triggers</li> <li>Relaxation channel on TV</li> <li>Comfort box as needed</li> <li>Notify security</li> <li>PERT call</li> </ul>	<ul> <li>Notify security</li> <li>Provide safe environment</li> <li>Offer PO medication first</li> <li>Seclusion room (MH)</li> <li>Physical restraints</li> <li>Provider at bedside</li> <li>Code Red or Purple (ED)</li> <li>Behavioral emergency</li> <li>Administer as needed medications</li> <li>PERT call</li> <li>Have staff &amp; other patients leave are for protection</li> <li>ALERT: potential risk of aggression with cares</li> </ul>

#### Disclaimer

- You are free to use the MIAHTAPS Violence Risk Assessment Tool (the "Tool") under the following terms:
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# Communication of Risk – Epic Aggression Flag

Magnet applied to patient's doorway



 Banner in EHR identifies patients coming into facilities with history of violence





# Levels of training

#### Annual—Online

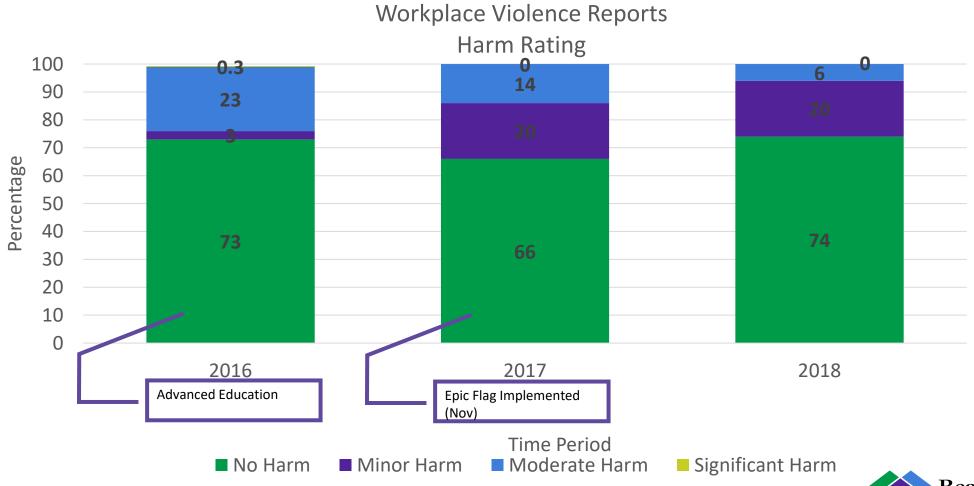
- All employees
- All credentialed providers

#### Advanced—Classroom Training

- 6 hour—Emergency Department, Mental Health & Security
- 4 hour—Inpatient Nursing, Pre/Post-op Nursing, MH Social Work
- 2 hour—Support Services (RTs, Lab, Rehab, Interpreters, etc.); credentialed providers in Mental Health, Emergency Department and Hospitalists

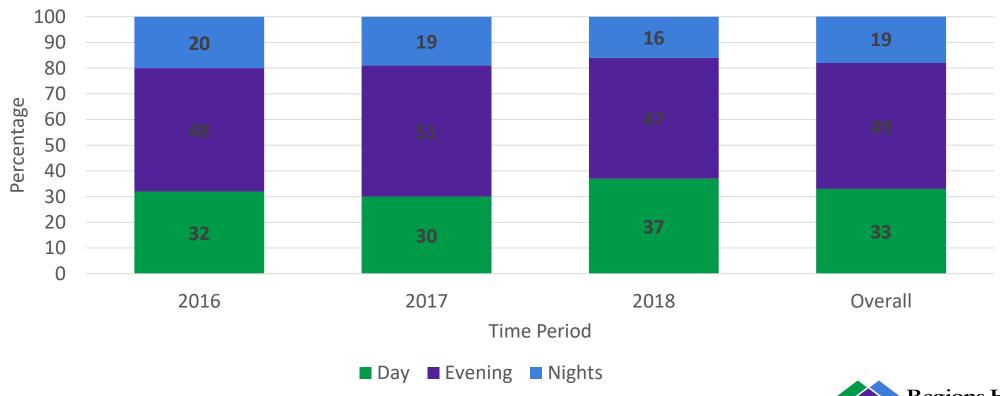


# Workplace Violence Report Data



# Workplace Violence Report Data







# Sustaining the Gain

- Modify education content to include what we learn from Workplace Violence Incident reports
- Revise Epic Flag placement and documentation process based on initial use and review process
- Create feedback loop for staff who place Epic Aggression Flags
- Post-incident After Care



### Questions?





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