**JHH Gap Analysis for TJC SEA 59: Physical and verbal violence against health care workers**

*“Workplace violence is not merely the heinous, violent events that make the news; it is also the everyday occurrences, such as verbal abuse, that are often overlooked. While this Sentinel Event Alert focuses on physical and verbal violence, there is a whole spectrum of overlapping behaviors that undermine a culture of safety, addressed in Sentinel Event Alert issues 40 and 57;2,3 those types of behaviors will not be addressed in this alert. The focus of this alert is to help your organization recognize and acknowledge workplace violence directed against health care workers from patients and visitors, better prepare staff to handle violence, and more effectively address the aftermath.”*

| **Recommendations** | **Current Practice/Policy** | **Action Items** |
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| 1. **Clearly define workplace violence and put systems into place across the organization that enable staff to report workplace violence instances, including verbal abuse.**   • Leadership should establish a goal of  zero harm to patients and staff and, to  that end, must make clear that the  health care organization is responsible  for identifying, addressing and reducing  instances of workplace violence; that  burden must not be placed upon victims of violence.  • Emphasize the importance of reporting  all events involving physical and verbal  violence toward workers, as well as patients and visitors.  • Encourage conversations about  workplace violence during daily unit  huddles, including team leaders asking  each day if any team members have  been victims of physical or verbal abuse  or if any patients or family situations  may be prone to violence.  • Develop systems or tools to help staff  identify the potential for violence, such  as a checklist or questionnaire that asks  if a patient is irritable, confused or  threatening.  • Develop a protocol, guidance and  training about the reporting required by  the hospital safety team, OSHA, police,  and state authorities. For example,  Western Connecticut Health Network  developed a protocol to be used after  incidents of workplace violence against  employees.45  • Create simple, trusted, and secure  reporting systems that result in  transparent outcomes, and are fully  supported by leadership, management,  and labor unions.46 Protect patient and  worker confidentiality in all reporting by  presenting only aggregate data or  removing personal identifiers.10  • Remove all impediments to staff  reporting incidents of violence toward  workers – such as retribution or  disapproval of supervisors or co-workers  and a lack of follow-up or positive  recognition from leadership.10,25 |  |  |
| 1. **Recognizing that data come from several sources, capture, track and trend all reports of workplace violence – including verbal abuse and attempted assaults when no harm occurred.**   • Gather this information from all hospital databases, including those used for OSHA, insurance, security, human resources, complaints, employee surveys, legal or risk management purposes, and from change of shift reports or huddles.  • Regularly distribute these workplace violence reports throughout the organization, including to the quality committee and up to the executive and governance levels.  • Aggregate and report incidents to external organizations that maintain a centralized database. This can lead to identification of new hazards, trends, and potential strategies for solutions; these solutions can then be shared broadly.27 |  |  |
| 1. **Provide appropriate follow-up and support to victims, witnesses and others affected by workplace violence, including psychological counseling and trauma-informed care if necessary.10,11,25** |  |  |
| 1. **Review each case of workplace violence to determine contributing factors. Analyze data related to workplace violence, and worksite conditions, to determine priority situations for intervention.**   • According to OSHA, this process includes a worksite analysis and hazard identification (for example, risk assessment).10 To determine trends and “hot spots,” analyze where, when, why and how violence has occurred and to whom. This process can include a review of workers’ compensation, insurance records, OSHA logs and other data relating to workplace violence, as well as an analysis of factors (such as staffing levels) that can contribute to or reduce the likelihood of violence occurring.10  • Demonstrate the value and necessity of reporting by communicating to staff the risk assessment findings and the interventions taken to immediately address the situation. |  |  |
| 1. **Develop quality improvement initiatives to reduce incidents of workplace violence.**   Support the implementation of cost-effective, evidence based solutions as they are discovered.25 After a review of all pertinent data relating to workplace violence, develop evidence-based initiatives and interventions (when possible) to prevent and control workplace violence. Tailor specific interventions to problems identified at the local level. Depending on the data gathered, an initiative for the ED, inpatient psychiatric unit, labor and delivery, or the intensive care unit (ICU) may differ from an initiative in a unit not generally associated with workplace violence. According to OSHA, these initiatives generally focus on eliminating hazards or substituting them with safer work practices.10 Some examples follow.  • Changes to the physical environment: Depending on the organization’s situation and priorities (identified from the organization’s data), physical or technological solutions may include enhanced security or alarms, better exit routes, regular security patrols/rounds, metal detectors, panic buttons (including mobile panic buttons), monitoring or surveillance technology (such as cameras), barrier protection (for example, keypad access doors and fencing), environmental changes to facilitate de-escalation and reduce hazards, and better lighting.10 As mentioned above, each organization should use its own data to identify the most effective use of these solutions. As just one example, a hospital that has identified a high incidence of confrontations occurring in the parking lot and in waiting areas may want to have more regular security patrols, or a more visible security presence, in those areas.    • Changes to work practices or administrative procedures: To create a calmer environment less conductive to violence, assign sufficient staff to units to reduce crowding and wait times, both risk factors for workplace violence.10 Decreasing worker turnover and providing adequate security and mental health personnel on-site also are recommended.10,47 Other administrative or work practice solutions may include developing workplace violence response teams and policies; reviewing entry and identification procedures; and changing work procedures to keep team members, including those providing transportation, secure and not isolated by having the means to call for help.10 |  |  |
| 1. **Train all staff, including security, in de-escalation, self-defense and response to emergency codes.10**When threatening language and agitation are identified, initiate de-escalation techniques quickly.25 Self-defense training may include topics such as violence risk factors, de-escalation techniques, alarms, security support, safe rooms, escape plans, and emergency communication procedures.10   • Regarding de-escalation and self-defense, experts suggest that hospitals prohibit firearms from campus, except for firearms used by law enforcement officers.49 The Centers for Medicare and Medicaid Services (CMS) does not permit the use of weapons by any hospital staff as a means of subduing a patient.50  • Conduct practice drills that include response to a full spectrum of violent situations, which could range from a verbally abusive family member to an active shooter. These practice drills can be part of an ongoing safety program, as indicated in The Joint Commission Environment of Care (EC) standards; however, a situation such as an active shooter require more extensive coordination with community responders, and can be addressed in exercises as described in the Emergency Management (EM) standards (see “Related Joint Commission requirements” section). |  |  |
| 1. **Evaluate workplace violence reduction initiatives** by:   • Regularly reviewing reported incidents and leadership’s responses to them.  • Analyzing trends in incidents, injuries and fatalities relative to baseline rates and measuring improvement.  • Surveying workers to determine effectiveness of initiatives.  • Tracking if recommendations were completed.  • Keeping abreast of new strategies.  • Partnering with local law enforcement or having a consultant review the worksite.10 They can provide advice and updates on possible risks that are developing in the community, as well as help with resource planning or security audits. If local law enforcement response time is known to be long due to distance or other factors, consider internal resources or other options to control a situation until law enforcement arrives. |  |  |