LEADERSHIP THINK TANK

Promoting Workplace Safety and Preventing Violence Through the Nursing Leadership Lens

Meeting Date:
December 15, 2023

Executive Summary

Hosted by AONL Foundation for Nursing Leadership Research and Education

Made possible by our participating sponsor:
### Key Take Aways

### Actionable Next Steps

### Addressing Violence: Insights from Health Care Leaders

### Executive Summary

### Case Study

#### Reporting Approach

#### Unconscious Bias

#### How BMC Communicates its Code of Conduct to Patients and Visitors

#### Objectivity in Reporting

#### Enhancing Security with Technology and Data Analytics

#### Violence Management Implications

#### Enhancing De-escalation Training

### Conclusion

### Agenda

### Participants

---

**SPECIAL THANKS TO OUR PARTICIPATING SPONSOR:**

---

**ABOUT THE LEADERSHIP THINK TANK PROGRAM**

The AONL Foundation Leadership Think Tanks bring leaders from health care practice and industry together to discuss important issues and brainstorm next steps to move the needle on these topics. By contributing to the momentum driving important topics in health care, the ultimate goal is to make meaningful improvements in health utilizing the steps identified by the Think Tank.

Cover Photo Credit: Cedars-Sinai Hospital
Key Take Aways

**Communication matters.** Leaders must not only include front-line staff in decision-making and prevention efforts, but they must also clearly communicate expected behaviors and boundaries to patients and visitors.

**Violence can occur in any care setting.** All staff need training on de-escalation techniques and violence prevention, not just those in high-risk departments.

**Use data for proactive monitoring.** Incident reporting can inform security measures and feed predictive analytics, which can sharpen incident responses.

**A cultural shift must come first.** Leaders agree that the normalization of violence in health care must change. Staff should be able to work without the fear of aggression.

**Change must be holistic.** Addressing workplace violence requires policy shifts, better reporting mechanisms, and strategies that address all forms of violence.
AONL Foundation will support AONL’s advocacy and policy work to promote legislative action for better violence prevention at a federal level, as allowed for a 501c3 charitable organization.

Support violence prevention awareness at an institutional level and partner with stakeholders.

Host additional programs on the topic of violence prevention to seek further next steps.

Continue elevating the stories of the reality of workplace violence for nurse leaders, in order to inspire action and change public perception around this issue.

Encourage the nurse leader community to continue the conversation around violence in the healthcare setting to provide awareness and support on this issue.
Addressing Violence: Insights from Health Care Leaders

Participants shared their personal experiences and motivations for attending the Think Tank on this topic.

“I worry about the day-to-day toll of violence on staff and want to equip staff with more tools to de-escalate conflict and care for themselves. If people don’t feel personally safe, they can’t give their whole selves to the patients around them.”
- Christi Barney

“Early in my career, I was assaulted over 100 times and thought it was normal. The justice system would dismiss the charges as ‘part of being a nurse.’ I thought it was a social norm until I joined academia.”
- Gordon Gillespie

“In 2017, I was at the helm of our health system’s nursing organization when, unfortunately, Dartmouth Hitchcock Medical Center experienced an active shooter event. We published lessons learned from the experience so that others could benefit. Within the last few months, we lost a security guard to a shooting in a nearby hospital in the region. The playbook we had developed after the 2017 shooting was used to respond to the recent incident — but these violent events are becoming all too frequent for us.”
- Susan Reeves

“Why have we as nurses allowed our customers, our patients, to verbally and physically assault us? One time is too many. There needs to be a big push across the nation to change the healthcare environment. We, as nurses, are delivering care to promote healing and reduce suffering and in return we must be treated with dignity and respect as healthcare professionals.”
- Nancy LaMonica
Health care workers experience alarming rates of violence that have only worsened since the pandemic (Zhang et al, 2023). The health care industry needs distinct response and prevention plans, as well as better incident reporting, training and risk assessment to address this problem.

Laura Castellanos, AHA associate director of clinical affairs and workforce, discussed the AHA’s Hospitals Against Violence initiative and expanded on the Building a Safe Workplace and Community framework and related issue briefs, including trauma support, culture of safety and risk mitigation. These resources help guide health care leadership in addressing issues of violence in their workplaces, against their workforce and in the community they serve. She stressed the need for an engaged leadership to drive for improved data systems, accountability at every level, and ongoing education and training.

A case study from Boston Medical Center showed that major improvements can take place when an organization focuses on prevention at its highest levels. Reliable data to guide predictive prevention analytics and influence security budgets was shown to be more valuable than ever.

**Executive Summary**

Photo Credit: Advocate Christ Medical Center
Emphasizing the urgent need for a cultural shift, participants unanimously agreed that violence can no longer be normalized in hospitals, underscoring the toll that it takes on both staff and patients.

Participants shared ways to reframe violence in the workplace and shift perceptions to make change possible:

- Data analysis can help prove the need for psychological and physical safety improvements and build a business case for funding operational security improvements before a crisis occurs at an organization.
- There is a tendency to underreport violent incidents because violence can take many unexpected forms and occurs in various contexts. Encouraging staff to report violent incidents instead of viewing them as normal is necessary for interventions and prevention.
- Reframe occupational norms so that staff and the public expect safety to be an enforced priority in health care settings, just how public expectations have changed around the need for high security in airports.
- Improving communications around the success of violence prevention efforts, to reassure staff and the public that violence prevention efforts are successful.
- Advocating for violence awareness at a state and national level.
- Annual reports provided to hospital CEOs, which compare individual hospital data to statewide aggregates, raise awareness at the executive level. This helps CEOs and C-suite staff to understand the extent of the issue, potentially guiding them to focus on targeted violence prevention and intervention strategies.
Case Study: Boston Medical Center’s Approach to Workplace Violence

Nancy Gaden presented Boston Medical Center (BMC)’s approach to workplace violence, integrating various strategies to reduce incidents in a high-crime area, including:

1. Utilizing a public health framework (See Appendix), focusing on primary prevention, mitigation strategies and addressing incidents’ aftermath to systematically combat workplace violence.

2. Prioritizing data-led decision-making. BMC has a safety steering committee co-chaired by two senior vice presidents and staffed by senior leaders, which relies on good data to make informed decisions. The committee’s formal reporting process and organized meeting structure have accelerated BMC’s progress, Gaden said.

3. Revising the code of conduct and expanding training in several areas:
   a. Including stricter policies for visitors.
   b. Broadened training and education, including active shooter drills.

4. Formal tracking, reporting, and charters for each safety initiative, along with a new behavioral response team to support staff in handling challenging patient interactions.

5. Developing safety care plans for high-risk, frequently visiting patients, often with behavioral health issues.

6. Reviewing and amending the flags in the EHR system including limiting access to who is able to add flags, reviewing for bias, and considering how long flags should stay in a patient record.

7. Introducing a behavioral evaluation scale in the Emergency Department and on all inpatient units to standardize patient assessment and response. Behavioral response team members use the scores on this scale to prioritize their proactive rounding.

Additionally, BMC is experimenting with low-tech safety devices for staff, starting with simple, loud noise-making devices.
Q&A Session

Reporting Approach
Because occupational violence is often underreported, leaders often struggle to see the impact of interventions. However, BMC measures its progress against “serious incidents,” which it reliably records.

Unconscious Bias
Participants discussed studies on racial disparities in patient treatment, focusing on restraint use and unconscious bias against Black and brown patients. Brigham’s study was replicated at BMC, and Gaden acknowledged unconscious bias and the need for cultural sensitivity when treating BMC’s diverse patient population.

Staff and patients’ personal histories impact their responses to incidents, Gaden said. BMC leaders attend daily safety huddles and CHiPs (challenging patients) meetings to address challenging situations, improving incident reporting and management through a compassionate, trauma-aware approach.
Enhancing De-escalation Training

Speakers acknowledged that traditional, passive e-learning should shift to more engaging and interactive formats, making it more effective for de-escalation training and prevention. Newer training methods of blended learning combine online and in-person training, tailored to different learning preferences and the need for immediate, relevant training content. Interactive, scenario-based e-learning modules may also provide realistic learning experiences. This approach has become more accessible, allowing organizations to author their own programs and roll them out in real time.

Participants discussed expanding de-escalation training to all hospital staff, not just in high-risk areas due to the universal risk of violence.

How BMC Communicates its Code of Conduct to Patients and Visitors

- Signs are placed near elevator exits to inform everyone about BMC’s zero-tolerance policy.
- CHiPS, a daily huddle where BMC actively addresses challenging behaviors includes leaders from patient advocacy, psychiatry, public safety, social work, resilience team (to follow up with victims of workplace violence), legal, physician leaders, quality leaders and nursing leadership plans for clinical interventions as well as patient and family meetings with the multidisciplinary team.
- Including front-line staff in safety committees, noting their front-line experience.
- Including nurses and registration clerks in safety committees, noting their front-line experience.

Objectivity in Reporting

St. Louis Children's Hospital was able to boost violent-incident reporting by raising awareness about what constitutes workplace violence and by encouraging staff to report all incidents, including verbal abuse, Jan Murphy reported. Hospital leaders also use the bias timeout tool to help staff assess and report workplace violence incidents, particularly in behavioral health, by minimizing personal biases and emotional reactions. The six-step process helps staff pause and objectively evaluate incidents before reporting them, making documentation more effective.

The six-step process helps staff pause and objectively evaluate incidents before reporting them, making documentation more effective.
Enhancing Security with Technology and Data Analytics

Data can guide security technology, training and deployment. Some examples include:

- ‘Hotspot Policing’, a concept from law enforcement, to analyze incident reports and see where and when incidents commonly occur and adjusting security officer schedules to concentrate more resources during peak times, especially in behavioral health and emergency departments.
- Using analytics to detect and prevent patient elopements by setting alarms for areas where patients were likely to attempt escapes. This approach led to more proactive responses, reducing the need for physical interventions and related injuries.
- Using predictive analytics to shift from passive to proactive monitoring. Video management systems can be used to automatically detect specific behaviors, such as loitering, on the screen, and send an alarm to the security team.
- Security technology to measure speed and behavioral indicators is being developed for the health care setting.

Managing threats of violence requires different resources compared to handling actual incidents.

Violence Management Implications

The definitions of violence, abuse and threats in hospitals, have practical and legislative implications. Managing threats of violence requires different resources compared to handling actual incidents. There are a few strategies employed in response to workplace violence that were discussed:

1. The use of canines in health care settings. Participants raised concerns about health equity and the need for careful consideration in implementing such programs.
2. The role of armed security, acknowledging the need for more education about varying levels of security in different environments, from rural to urban locations.
3. The potential implementation of body cameras by security personnel in hospital settings, discussing the legal risks and patient perception implications.
Conclusion

Speakers suggested the following immediate approaches to mitigate workplace violence:

- Boosting patient awareness. Informing patients and visitors about the impact of violence on patient safety could prompt patients and visitors to help report and prevent incidents.
- Calling for regulatory support and accountability, such as prompting the Joint Commission to establish new rules to help address workplace violence and encourage hospital leaders to commit to compliance efforts and clearly communicate these regulations to staff.
- Tying advocacy messaging to bigger themes that may be underlying factors in hospital violence. Participants speculated that the rise in violence against health care workers might be connected to broader issues such as the opioid crisis.
- Changing facility design to incorporate Crime Prevention Through Environmental Design (CPTED) when designing facilities, a security approach that uses design and layout to reduce the likelihood of crime.
- Being transparent and inclusive. Participants agreed that sharing workplace violence data and initiatives — and including all staff, especially front-line workers — in decision-making to give them a sense of psychological safety.
- Acknowledging the need for a health equity approach in violence prevention efforts to better serve diverse patient populations.
- Engaging the community in a cultural shift, moving from reacting to preventing workplace violence by setting clear expectations with the public and staff, and involving top executives in the dialogue.

AGENDA

Brief introduction and review of Think Tank goals
Danielle Ward, AONL Foundation Director

Welcome message
Robyn Begley, CEO of AONL

Introduction
Mary Ann Fuchs, program facilitator

Icebreaker

Level-set presentation: Overview of AHA’s Hospitals Against Violence
- Literature Review Discussion

Case Study: Boston Medical Center
- Time for additional reporting from other participants on the solutions their organizations may be using

Questions for discussion:
- What has worked to improve safety and prevent violence and why?
- What role has / does technology play in what is working?
- What hasn’t worked and why?
THINK TANK PARTICIPANTS

Click on the name to view the LinkedIn profile.

FACILITATOR

Mary Ann Fuchs
Senior Vice President, Chief Nursing Executive
Centra Health

PARTICIPATING SPONSORS

Ryan LaFleur
Director of Healthcare, Sports & Entertainment
Motorola Solutions

PARTICIPANTS

Chris Allman
Director of Compliance & Privacy
Medically Home

Christi Barney
Vice President of Quality and Patient Safety, Chief Health Equity Officer
Emerson Health

Nancy Gaden
Senior Vice President/ Chief Nursing Officer
Boston Medical Center

Gordon Gillespie
Interim Dean
University of Cincinnati College of Nursing

Jennifer Goba
Senior Manager of Investigations and Workplace Violence
Massachusetts General Hospital Police and Security

Nancy LaMonica
Vice President & Chief Nursing Officer
Bristol Hospital

Todd Miller
System Vice President, Security
SSM Health

Jan Murphy
Clinical Education Specialist, Nursing Education & Research
St. Louis Children’s Hospital

Patricia Noga
Vice President, Clinical Affairs
Massachusetts Health & Hospital Association

Susan Reeves
Executive Vice President
Dartmouth-Hitchcock Medical Center

Catherine Robison
Health Innovation Scientist
Oracle

Matt Smith
Training Director
Aegis Training Solutions, LLC

Kim Stevenson
Director, Workforce & Clinical Affairs
Massachusetts Health & Hospital Association

Bill Schueler
Patient Safety Specialist
Providence

ASSOCIATION REPRESENTATIVE

Catherine Olson
Director, Emergency Nursing Practice Excellence
Emergency Nurses Association

AHA STAFF

Laura Castellanos
Associate Director, Hospitals Against Violence Initiative
American Hospital Association

Lizzie Ortolano
Executive Director
American Society for Health Care Engineering (ASHE)
American Society for Health Care Risk Management (ASHRM)

FOUNDATION STAFF

Robyn Begley
President and CEO
AONL Foundation

Erica Cheng, MS
Program Specialist
AONL Foundation

Dani Ward, MBA, CFRE
Director
AONL Foundation