

Creating an ambulatory workplace violence program

Jason Francis, MBA, BSN, RN, CCRN-K, NE-BC; Ken Nelson III, DNP, RN, NE-BC, CPHQ
Vanderbilt University School of Nursing



INTRODUCTION

Topic

Creating an ambulatory workplace violence program

Problem

Violence towards healthcare professionals by patients, families, or visitors is a growing problem for many healthcare organizations. Violence towards healthcare professionals can take multiple forms, including physical threats or assaults, verbal abuse, racial discrimination, and sexual harassment. Workplace violence can occur anywhere in the healthcare workplace but most often occurs in Emergency departments and psychiatric wards (Liu et al., 2019).

Healthcare workers who experience workplace violence can have profound and long-lasting psychological trauma due to the emotional challenges healthcare workers face trying to provide care while avoiding becoming victims of workplace violence. In addition, workplace violence has been associated with reduced job satisfaction, commitment and efficiency, low quality of life, increased stress, sleep disruption, burnout, and even death (Liu et al., 2019).

Team Members

Jason Francis, Director, Project lead
Julie Tisnado, ACNO Ambulatory
Megan Mahoney, MD, Chief of Staff
Tim Morrison, Exec Director Ambulatory
Donna Healy, Admin Director Cancer Service Line
Rebecca Carey, Director Enterprise Contact Center
Tom Roussin, Director Security
Collette Bernard, Manager Social Work
Nicky Brady, Manager Employer Based Clinics
Sierra Kane, Center for Education and Professional Development
Gabby Oreo, Transplant nurse coordinator
Michael Torno, Director Ortho Service Line
Karen Sugarman, Social Work Pain Clinic
Solomon Zoubi, United Healthcare Alliance
Anna Tran, RN, Infusion Treatment
Holly Moore, APP Neuro Service Line
Ming-Chin Kao, MD, Pain Service

Aim

To create an ambulatory workplace violence prevention, reporting, and support program from a baseline of inconsistent and nonexistent practices, to a comprehensive and structured program by April 2022, among ambulatory care clinics, staff, and physicians.

METHODS

Create a manager toolkit that will help individuals navigate workplace violence. We hope to make the process transparent, easy to understand, consistent, and frontline staff-centric. The workplace violence committee will use the plan, do, study, act (PDSA) improvement model to create materials, present materials, collect feedback on materials, and then the managers will be trained on the use of the materials. The workplace violence group will then hold focus groups to gather feedback and possible improvements that can be incorporated.

The toolkit will consist of a manager checklist for steps to take when workplace violence occurs, instructions on actions and documentation, support resources for staff experiencing workplace violence, instructions on adding staff safety flags in EPIC, and the workflow to guide the manager through the warning and or dismissal process.

As the manager toolkit rolls out, we may have to iterate on the content, as there might be things that the group did not consider when making the materials, especially due to the large scope. Also, there might be issues with getting the materials to all the managers to use them. There will undoubtedly be situations or factors that we had or could not have considered, and we will make changes based on that feedback. Once all managers are trained, and we have allowed enough time for feedback, we can assume that we are at the final version and continue to train all managers, assistant managers, physicians, and staff on the materials.

We hope that there will be positive feedback and constructive criticism on the manager toolkit, which will allow us to make changes to best fit into all the workflows of the frontline managers. We will continue to iterate as the feedback is received.

RESULTS

This project was launched in April 2022 and was met with positive feedback and responses. We could not collect post-data to compare with our pre-data in time to present this project. However, we will measure both the number of workplace violence incidences in the ambulatory care setting and the managers' perception of preparedness to deal with workplace violence incidents after the training is conducted. Overall, this project is a huge success, as we were able to create a comprehensive workplace violence program and launch it within the target date. In addition, we know that intervention had a positive impact, as we did not have any program in place before this project and the voice of the customer (staff and providers) was highly considered and valued throughout the entire project.

IMPLICATIONS FOR PRACTICE

In 2019, Cal/OSHA released its report on workplace violence incidents among healthcare professionals for 2017-2018. Key findings included that roughly 40% of violent incidents occur in the inpatient setting and that patients are the most significant aggressors (over 90%). In addition, the American Hospital Association (AHA) has estimated that violence in healthcare settings costs hospitals and health systems roughly \$2.7 billion each year. Creating an ambulatory workplace violence program will address workplace violence in the unique outpatient setting. The project will be conducted at Stanford Health Care in the ambulatory care setting. The project scope encompasses all ambulatory care areas, including outpatient clinics, outpatient radiology, and the enterprise contact center. This project helps to protect several thousand staff and faculty team members by creating a prevention, reporting, and support program.

REFERENCES

1. Cal/OSHA. (n.d.). Violence Prevention in Health Care. State of California Department of Industrial Relations. Retrieved November 9, 2020, from <https://www.dir.ca.gov/title8/3342.html>
2. Institute for Healthcare Improvement. Science of Improvement: How to Improve. <http://www.ihl.org/resources/Pages/HowtoImprove/default.aspx>
3. Langley, GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. The Improvement Guide: A Practical Approach to Enhancing Organizational Performance (2nd ed), 2009.
4. Liu, J., Gan, Y., Jiang, H., Li, L., Dwyer, R., Lu, K. & Lu, Z. (2019). Prevalence of workplace violence against healthcare workers: A systematic review and meta-analysis. *Occupational and Environmental Medicine*, 76(12), 927-937. doi:10.1136/oemed-2019-105849:927-937. doi:10.1136/oemed-2019-105849

Number of reported ambulatory WPV occurrences

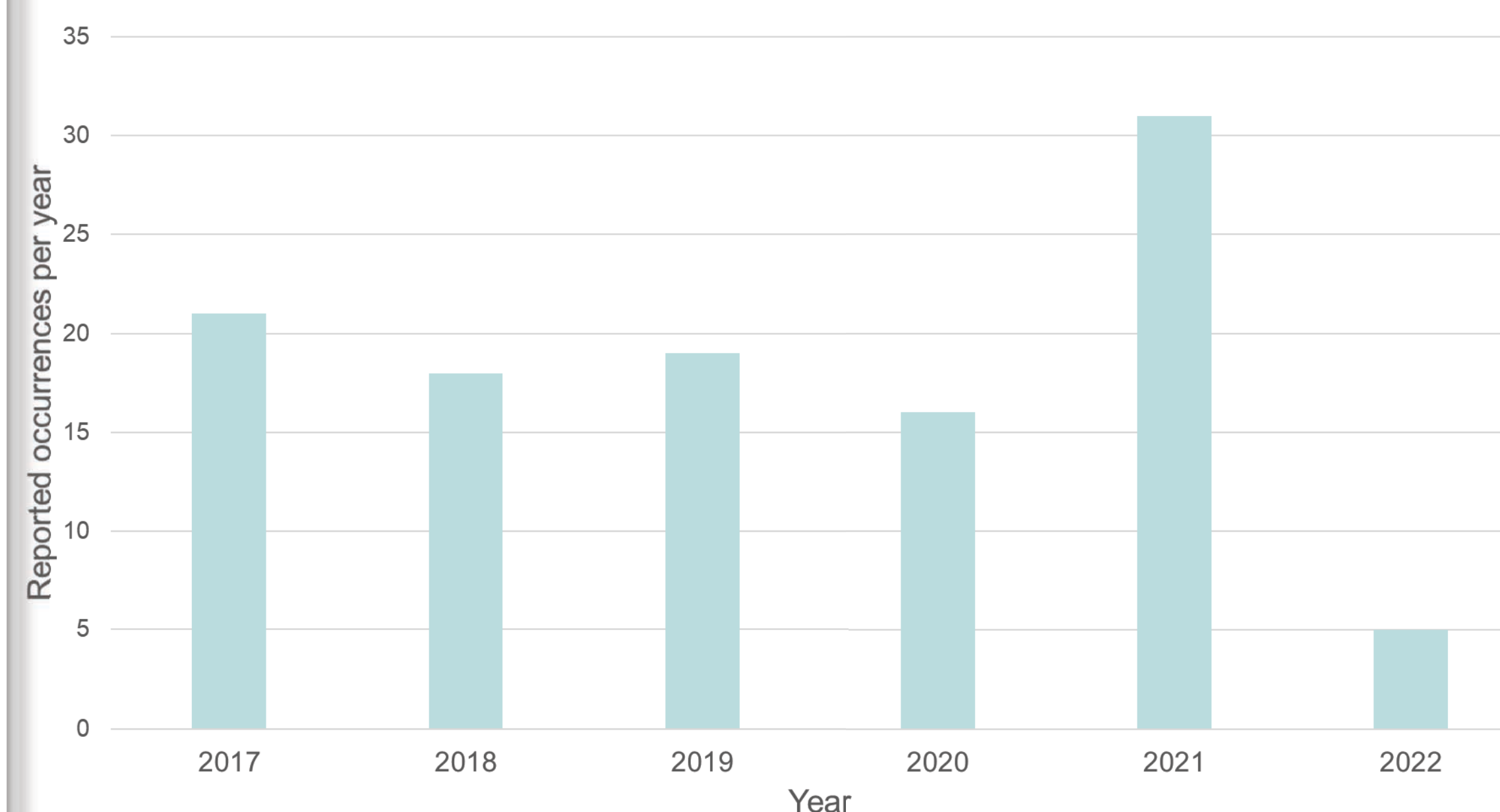


Figure 1. Number of reported ambulatory workplace violence occurrences, by month and year, prior to any interventions.