Incivility in Healthcare: COVID Chaos and Steps to Provide a Positive Solution

January 31, 2023
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Our Speaker

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VP of Clinical Excellence, MDM Healthcare
Incivility and Violence in Healthcare: COVID Chaos and Steps to Provide a Positive Solution

Linda F. Robinson MSN, RN, CPXP
Incivility and Violence in Healthcare is not a New Problem
A Ruder More Hostile World
The whole world is short staffed

Be kind to those that showed up

We’ve All Seen the Signs
Miniature Community

Hospitals are a Microcosm of the Communities they Serve
Increased Violence

Violence in the community is spilling into the Hospitals and Emergency Departments (ED’s) across the United States
Hospitals once seen as “Safe Havens” are no more.....
Violence is not always Physical
Incivility is “one or more rude, discourteous, or disrespectful actions that may or may not have a negative intent behind them”. ANA defines bullying as “repeated, unwanted, harmful actions intended to humiliate, offend, and cause distress in the recipient.”
Poll #1

• Have you ever experienced incivility or bullying at work?
• Pre COVID?
• Post COVID?
• Both?
In the recent ANA pulse survey, it was noted that the predominant sources of Incivility and bullying of healthcare staff are coming from patients and their families.

- 66.10% of the nurses surveyed (12,000+) experienced bullying and Incivility at work.
• 66.10% of the nurses surveyed (12,000+) experienced bullying and Incivility at work.
• 57% reported bullying and violence from patients.
• 53% reported bullying and violence from families.
• Nurses working in acute care, ERs, ORs, Critical Care, and Mental Health experienced the highest levels of violence and bullying.
• Nurses working in health policy, public health, and case management experienced bullying and Incivility outside their work settings.
NIOSH & CDC

Defines workplace violence as “violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty.”
The US Department of Labor

Defines workplace violence as an action (verbal, written, or physical aggression) which is intended to control or cause, or is capable of causing, death or serious bodily injury to oneself or others, or damage to property.

Workplace violence includes abusive behavior toward authority, intimidating or harassing behavior, and threats.
Poll #2

• Have you ever been hit, kicked, scratched, bitten, spat on, threatened and or harassed by a patient or family while at work?
  • Pre COVID
  • Post COVID
  • Both
The Pandemic Workplace Violence Study Findings

• Nurses who cared for patients with COVID-19 experienced more violence than nurses who did not.
• 44.4% of Nurses experienced physical violence
• 67.8% of Nurses experienced Verbal Abuse
• Between February and May/June 2020

Byon et. al. *Nurses’ Experience With Type II Workplace Violence and Underreporting During the COVID-19 Pandemic*, 2021
Violence Against Nurses & Healthcare Workers

• In November 2020, National Nurses United surveyed 15,000 registered nurses across the U.S. and found that 20% reported increased workplace violence.

• The Joint Commission found workers in health care settings are 4 times more likely to be assaulted than workers in private industry.

• Occupational Safety and Health Administration (OSHA), approximately 75 percent of nearly 25,000 workplace assaults are reported annually in health care and social service settings.

• The U.S. Bureau of Labor Statistics showed that healthcare workers and those who work in social assistance are five times more likely to experience workplace violence than other workers.

• The National Crime Victimization Survey: health care workers have a 20 percent higher chance of being the victim of workplace violence than other workers.

• The American College of Emergency Physicians reported that 70 percent of emergency physicians have reported acts of violence against them, yet only 3 percent pressed charges.

• 80% of nurses and doctors have been assaulted at some point during their careers.
Physical and verbal violence against health care workers

"I've been bitten, kicked, punched, pushed, pinched, shoved, scratched, and spat upon," says Lisa Tenney, RN, of the Maryland Emergency Nurses Association. "I have had my life, the life of my unborn child, and that of my other family members threatened, requiring security escort to my home." 

Effective Jan. 1, 2022, new workplace violence standards provide a framework to guide hospitals and critical access hospitals in defining workplace violence; developing strong workplace violence prevention systems; and developing a leadership structure, policies and procedures, reporting systems, post-incident strategies, training, and education to decrease workplace violence.
ANA Acts on Key Nursing Issues June 14, 2022
Addressing verbal abuse and workplace violence

Assembly representatives called on ANA to engage key stakeholders to:
• identify, develop and advance strategies resulting in a comprehensive culture of safety and zero-tolerance approach to verbal abuse and violence in all care settings
• advance workplace violence prevention priorities in nursing practice and public policy
• advocate for better data collection to inform policy development
On Average, more than 2 Nurses were Assaulted Every Hour in Q2 2022
Staggering WPV Statistics Against Nurses

• Highest number of assaults occurred in psychiatric units, emergency departments and, surprisingly, pediatric units such as pediatric burn, pediatric rehabilitation and pediatric surgery.

• Most assailants are patients. While patients are the largest source of violence, family members, co-workers, visitors and intruders also perpetrate violence.

• The majority of assailants are male. An exception is in pediatric units and rehab units, where females are more likely than males to perpetrate violence.

• Psych units and rehab units have the largest percentage of assaults resulting in moderate or severe injuries.
NJ Hospital Association Workplace Violence Survey June 2022

- Nurses, doctors, and other hospital employees in New Jersey were physically assaulted or verbally abused nearly 10,000 times last year, a **15% increase** in reported incidents since 2019
- **Patients committed 83% of the violent episodes**
  - co-workers (9%)
  - patients’ relatives (7%)
- The most frequent sites of incident were:
  - Emergency department
  - Mental health units
  - Patient rooms and the
  - Intensive care unit
Violence and Incivility toward nurses has reached an alarming rate, nearing an epidemic.

Leadership must ensure Healthcare staff safety is a core value, create violence prevention and support programs setting the expectation of zero tolerance for violence.
Workplace Violence Effect on the Healthcare Team

• Workplace violence is a major health and safety issue for healthcare workers.
• Symptoms of posttraumatic stress disorder and depression are frequent among victims.
• Anger, sadness, fear, disgust and surprise are common emotions felt by victims.
• Major consequences of workplace violence relate to work functioning.
Physical and Verbal Assault Often Considered “Part of the Job”

All strongly recommend creating a culture that promotes reporting of events, risks and unsafe conditions.

“Healthcare workplace violence is an underreported, ubiquitous, and persistent problem that has been tolerated and largely ignored”
Broken Windows
Overarching Goal

To provide a safe healing environment for our patients, visitors, and staff
Patient Outcomes Improve When Staff Feel Safe

The safer nurses feel in the work environment, the more hospital-acquired condition scores improve.
Intervention Strategies

Stop the Escalation!
Levels of Awareness

Level system used to enhance staff and security awareness of potentially violent patients and/or situations.
Levels of Awareness Promotes Teamwork

- Collaboration between ED staff and security staff to improve safety
- Enhance relationship between ED staff and security staff
Commit to Sit
Back to Basics: Proven Best Practices!

Oldies but Goodies
Watched Pot Nevers Boils!

Hourly Rounding a Best Practice
Bedside Shift Report

- This should occur at the bedside
- Communicate Daily Plan of Care
- Involve the patient, listen to their voice! Close gaps in communication.
- Creates trust drives quality and safety
Behavioral Emergency Response Teams or B.E.R.T
Recommended Actions and/or Tools to further address Workplace Violence

- Expanding the use of hospital metal detectors
- Investing in security infrastructure, such as security guards, security cameras, visitor identification systems, lighting
- Encouraging clinicians and staff to report all incidents of violence (healthcare leadership support)
- Secure entry to units
- RTLS or Real Time Location
- Innovative use of technology: Interactive Patient Care systems, personal panic buttons, visitor badging, etc.
- Educating patients on safety measures and how we are committed to keeping them safe. (Patient and Family Centered Care)
- Integrate patient safety and worker safety programs
- Tapping out practice
- Walking Safety Rounds multidisciplinary
- Environment of Care Rounds
- Safety Huddles: good catches and near misses report
- Passing legislation and updating accrediting guidelines to require violence prevention policies
- Implement a Behavioral Response Team (B.A.R.T.)
- Trauma Informed Care techniques
Please Share!

If you have an innovative strategy that they would like to share, please enter it in the chat box!
Leadership
Leadership
Create A Culture of Safety
“Collective Mindfulness and Just Culture”

• Staff and leaders value transparency, accountability, and mutual respect
• Safety is everyone’s first priority
• Not accepting behaviors that undermine the culture of safety
• A focus on “awareness” the ability to identify/prevent/lessen dangerous conditions at early stages before violence/mistakes/injury occurs
• An emphasis on reporting violent situations/errors and learning from mistakes, “no blame”
• Careful language to facilitate conversation and communicate concerns
• Broken Windows Theory

Joint Commission SEA 2018
Environment of Care:
- Annually assess physical environment for hazards that increase the risk of violence
- Analyze data to identify groups with highest risk of exposure and develop a Gap Analysis for current vs. desired state
- Track event occurrence, frequency, severity and impact: # of assaults (verbal and physical); % resulting in harm and days missed from work, turnover (include cost to replace and the cost of contract labor)

Human Resources:
- Regularly survey employees re: workplace violence perceptions and collect baseline/ongoing incident, injury and cost data
- Provide workplace violence prevention training and education to all staff at hire and annually

Leadership:
- Establish an interdisciplinary Workplace Violence Committee with responsibilities for developing policies, procedures and processes to report incidents and provide follow up to support victims
- Senior Leadership must embrace workplace violence prevention and support programs and technology that reduce violent incidents against all staff
Physical and Environmental Components

- Environmental factors related to violence • Spatial awareness • Body awareness • Decrease means
- Physical Space • Scene safety • The paradox of being a helper and a victim • Know when to disengage • When to ask for more help
- Locked perimeters • Adequate lighting • Panic buttons • Clear sight lines • Re-badge first name last initial

Organization Specific Components

- Organization environmental concerns • Panic buttons, cameras, blind corners • Where is access limited? • Security or police support and engagement • “Cops walking the beat approach”
- Hospital policies and resources • Zero-tolerance policy • Signage • Code response and call for help • Incidence reporting • Staff resources: Escalating concerns

Regional Specific Components

- State and local law implications • What is a person able to do when protecting themselves or others? • When can team members press charges? • What are the consequences? • What are the unofficial local implications?

Ongoing Employee Support Component

- Culture • Transparency • Debrief events • Regularly engage staff in practice
- Leadership Engagement and Support • Executive and unit leadership • Leaders model behavior • Principles applied consistently
- Resources/Safety Education/De-escalation Training • Respite time off • Wellness resources • EAP/Counseling • Debriefs • Peer Support • Crisis Response Teams

“Workers who dedicate themselves to saving lives deserve a safe environment — free of violence and intimidation — in which to deliver care,”

AONL CEO Robyn Begley, AHA chief nursing officer
Your Voice
One Voice became Many
Never “Just a Nurse”

Florence Nightingale's (1893) intent was to allow nurses the autonomy of purpose to advocate for patients and the nursing profession.
OSHA does not require employers to implement workplace violence prevention programs, but it provides voluntary guidelines and has cited employers for failing to provide a workplace free from recognized serious hazards.
Incident Reporting...

- Lack of documentation makes it difficult to recognize the scope of a workplace violence problem, or to track the effectiveness of efforts to mitigate or prevent workplace violence.

- To improve tracking efforts, OSHA in 2017 launched the Injury Tracking Application.
Leaders create and maintain a culture of safety and quality throughout the (organization).

A4. Leaders develop a code of conduct that defines acceptable behavior and behaviors that undermine a culture of safety.

A5. Leaders create and implement a process for managing behaviors that undermine a culture of safety. (Applicable to ambulatory care, critical access hospital, home care, hospital, laboratory, long-term care, Medicare-Medicaid, certification-based long-term care, and office-based surgery programs and behavioral health care programs.)
State Legislation
States that have legislated that employers develop a WPV program: CA, CT, IL, MD, MN, NJ, OR, NY

State requires reporting incidents: WA

State laws designating penalties for assaults in hospitals: AL, AK, AR, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL, IA, KS, KY, LA, MA, MI, MS, MO, MT, NE, NV, NJ, NM, NY, NV, NC, OH, OK, OR, RI, SC, SD, TN, TX, UT, VT, VA, WV and WY.

State law ED specific: FL, GA, HI, SC, SD,OK

State law behavioral health specific: KS
Further Need for Legislation
Need for Federal Law

• Despite the incidence of workplace violence and its harmful effects on our health care system, no federal law protects health care employees from workplace assault or intimidation.

• By contrast, there are federal laws on the books criminalizing assault and intimidation against airline employees, and Attorney General Merrick Garland recently directed Department of Justice prosecutors to prioritize prosecutions under that statute given the rise in violent behavior on commercial aircraft during the COVID-19 pandemic. Vigorous enforcement of these federal laws creates a safe traveling environment, deters violent behavior, and ensures that offenders are appropriately punished.
• Our nation’s health care workers who have tirelessly helped care for and treat the sick and dying while facing increased violence – especially during the last two years of the pandemic – deserve the same legal protections as airline workers.

• The AHA is asking Congress to enact the Safety from Violence for Healthcare Employees (SAVE) Act, which provides protections similar to those that exist for flight crews, flight attendants and airport workers.
H.R. 1195, the Workplace Violence Prevention for Health Care and Social Service Workers Act

- H.R. 1195 would compel the Occupational Safety and Health Administration (OSHA) to require employers in the health care and social service sectors to develop and implement comprehensive workplace violence prevention plans.
- Protect workers from retaliation for reporting incidents of workplace violence and expand protections for all health care and social service workers in facilities which receive Medicare funding.
- House approved H.R. 1195 in April. While this important legislation is now waiting for consideration by the Senate.
Please visit PX Space my podcast devoted to the human side of healthcare. The podcast, blog and newsletter discuss the issues that face patients and hospital care teams as they relate to elevating the hospital environment and enhancing the lives of those who visit and work there. I also discuss the latest technology in the industry and how technology has played a role in advancing the human side of hospital care. You can find the podcast on Spotify, Apple, Amazon Music or the PX Space website: https://www.journeypx.com/pxspace/. Also, if you would be interested in doing a podcast please reach out!

Please take a listen!

Thank you,

Linda
References Upon Request
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• In order to obtain PXE, participants must attend the program in its entirety and complete evaluation within 30 days.

• Use the PXE link at the end of the evaluation to claim PXE credit at the Patient Experience Institute’s PXE Portal.
Upcoming Events & Programs

WEBINARS
February 7 | Engaging Community and Volunteer Partnerships for Health Equity and Experience
February 16 | Impact of Volunteer Programs: What Are We Measuring and Who Are We Telling?
February 21 | Grievance Panels: An Alternative to a Grievance Committee
February 28 | Rise & Renew: A Multifaceted Approach to Fortifying & Rebuilding Our Workforce

CONNECTION CALLS/PX CHATS
February 10 | PX Chat: Diversity, Equity, and Inclusion

PROGRAMS
February 1-22, 2023 | Foundations of Volunteer Management
February 7-28, 2023 | CPXP Preparation Course

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KEYNOTE SPEAKERS

Karen Grimley
Dr. Alfredo Quiñones-Hinojosa
Shola Richards
Rebekah Taussig

OVER 75 BREAKOUT & POSTER SESSIONS

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Thank you!