



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

January 31, 2023

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- **Q&A:** for submitting questions to review at the end of the webinar



- Receive follow up email tomorrow with webinar slides, recording and link to survey.

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- In order to obtain patient experience continuing education credit, participants must attend the program in its entirety and complete the evaluation within 30 days.
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Our Speaker



Linda Robinson, MSN, RN, CPXP
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

A person is holding a white sign with black text. The sign is held in front of a person wearing a dark t-shirt with orange text that says "NEED HIM!". The person is also wearing a blue cap. The background is slightly blurred, showing what appears to be an outdoor setting with some structures.

The whole
world is
short staffed

Be kind to
those that
Showed up

We've All
Seen the
Signs



HOSPITAL

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....

A close-up photograph of a man with a goatee, wearing a blue shirt, pointing his right index finger directly at the camera. He has a very angry and intense facial expression, with furrowed brows and a slightly open mouth showing teeth. The background is a plain, light-colored wall.

Violence is not always Physical

A photograph of two women in a hospital hallway. The woman on the left, with blonde hair and wearing a white long-sleeved shirt, is blowing a stream of air towards the woman on the right. The woman on the right, with dark hair and wearing blue scrubs, has her arms crossed and a serious expression. The background shows a blurred hospital hallway with other people and medical equipment.

ANA Definition of Incivility

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?



ANA

AMERICAN NURSES ASSOCIATION

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.

Mar 10, 2022

Patient and Family Bullying and Incivility

March 10, 2022

- 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.



By Rose O. Sherman, EdD, RN, NEA-BC, FAAN
Emerging RN

National Institute for
Occupational Safety and Health

NIOSH

NIOSH & CDC

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

CDC

CENTERS FOR DISEASE



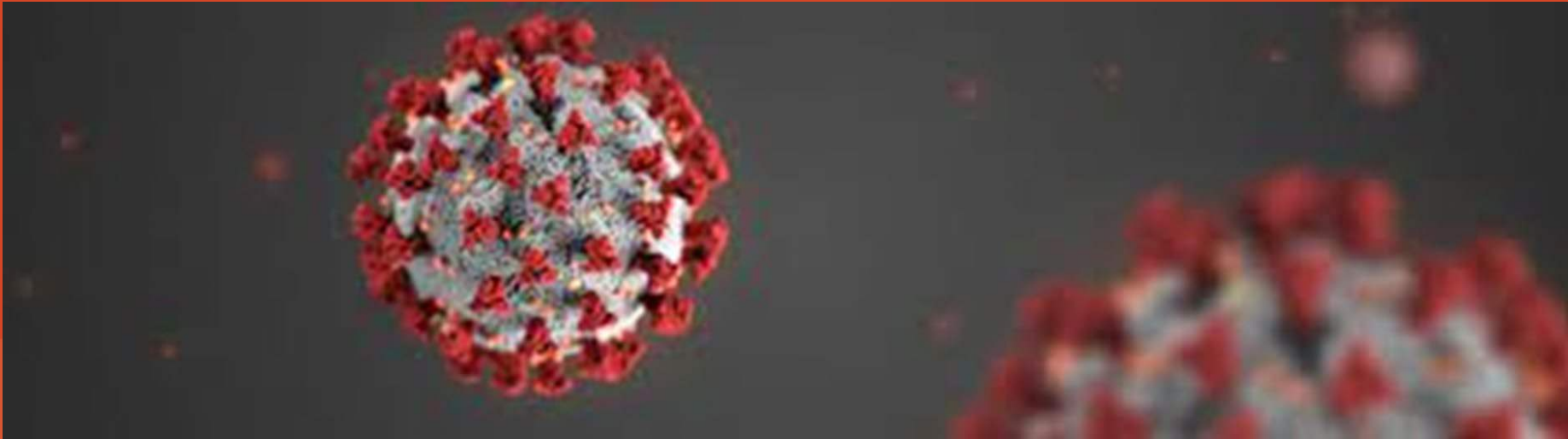
The US Department of Labor

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





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.



The Joint Commission Sentinel Alerts for Violence

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

AMERICAN NURSES ASSOCIATION

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

Workplace Violence Statistics in Healthcare
September 8, 2022 Press Ganey



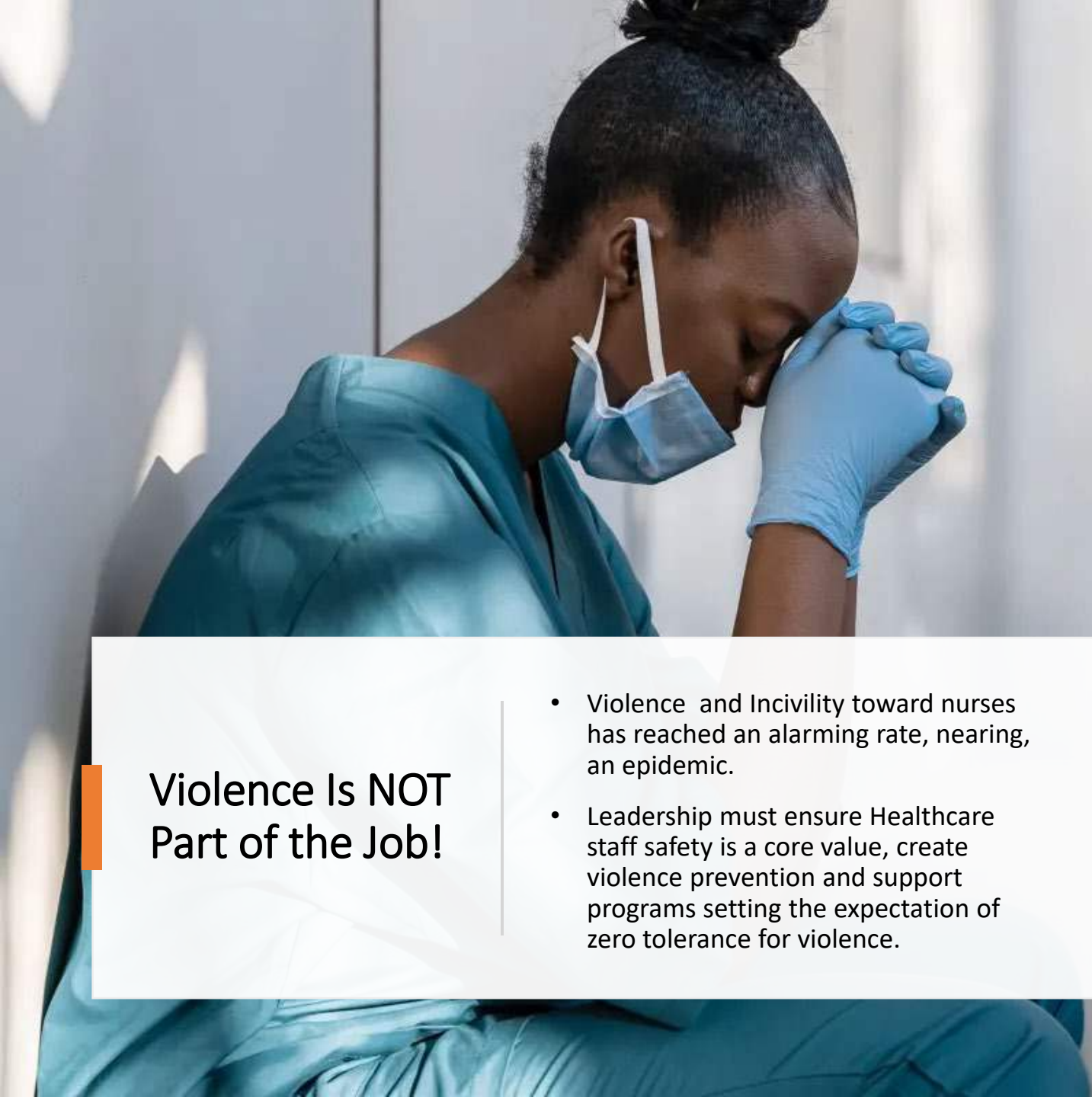
Staggering WPV Statistics Against Nurses

- 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 Is NOT Part of the Job!

- 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.





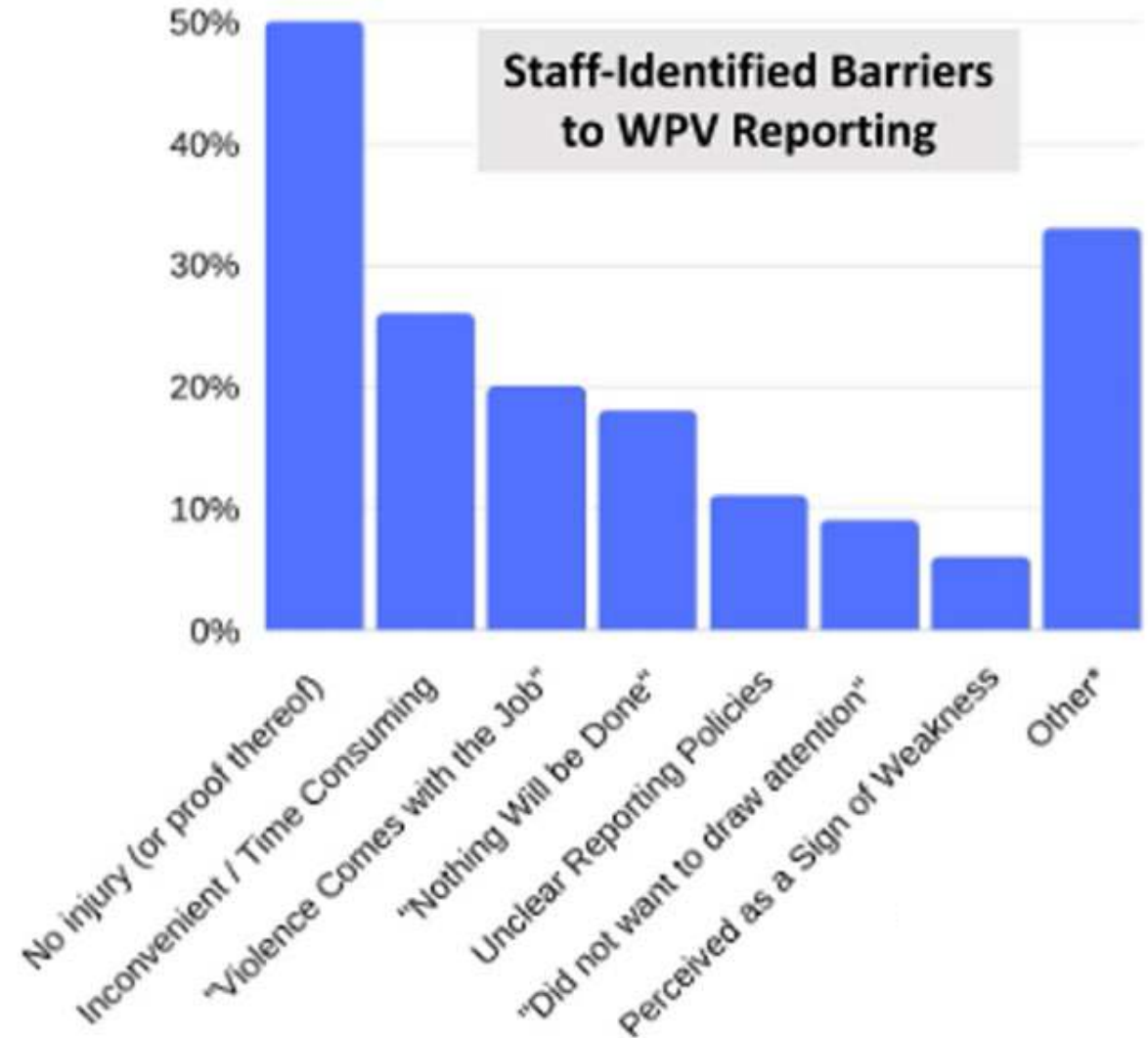
Workplace Violence Effect on the Healthcare Team

- 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.



Incidence and cost of nurse workplace violence perpetrated by hospital patients or patient visitors. J Emerg Nurs. 2014



The NEW ENGLAND
JOURNAL of MEDICINE

2016

“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





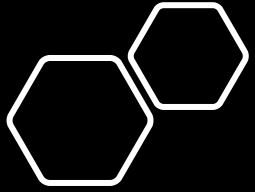
Stop Breathe Repeat





Commit to Sit





Back to Basics: Proven Best Practices!



Oldies but Goodies



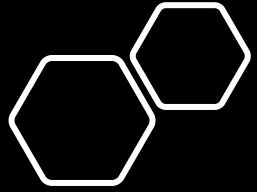
Watched Pot Nevers Boils!

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!

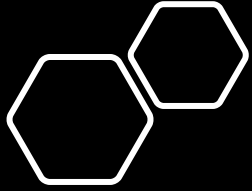


Leadership



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



January 2022 Joint Commission Standards and Best Practices

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

Keys to Program Success for Protecting Staff From Violence

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,”



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.





A NURSE'S Call To ACTION!

I WILL PROTECT MY OWN Life
So I Can PROTECT MY PATIENTS



1 in 4 Nurses are **ASSAULTED**
PROTECT nurses & pledge to:

SHARE
this pledge
and ask
my friends
and family
to sign

SUPPORT
zero tolerance
policies for
violence
against
nurses

REPORT
abuse
against
nurses
whenever
I safely can

WPV Response

- ✓ Initiate safety protocols
- ✓ Call for help when you suspect potential for WPV
- ✓ Be alert
- ✓ Recognize warning signs
- ✓ De-escalate when possible
- ✓ Use barriers for protection
- ✓ Self-defense when appropriate
- ✓ Report WPV immediately

STOP WPV! I WILL NOT TOLERATE WORKPLACE VIOLENCE

- S** = SITUATION: Describe what happened
- T** = TYPE: Verbal threat/abuse, physical assault, weapons used, etc
- O** = OBSERVERS: List witnesses
- P** = PEOPLE: List all involved
- W** = WHERE & WHEN did the event happen
- P** = PRECEDING FACTORS: Describe prior events
- V** = VERIFY injuries sustained: emotional, physical, threat of injury

Follow Up ▶ Participate in incident investigation ▶ Support others affected by WPV ▶ Access emotional support ▶ Employee health ▶ Worker's compensation

GET INVOLVED NOW!

#endnurseabuse

1 Take the pledge!
[Nursingworld.org/Pledge](https://www.nursingworld.org/Pledge)

OR Text PLEDGE to 52886

2 Send an email to your legislator with one click!
[Nursingworld.org/TakeAction](https://www.nursingworld.org/TakeAction)

Only **20 - 60%**
INCIDENTS REPORTED

13% OF MISSED
WORK DAYS
ARE DUE TO **WPV**

OSHA

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

Joint Commission Standard LD.03.01.01

- 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



State Healthcare WPV 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.




American Hospital Association June 2022
Request a Federal Legislative Response

- 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.



**American Hospital
Association™**

Advancing Health in America



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

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PX Space



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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- 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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*Webinars are included in membership
with the Institute.*



KEYNOTE SPEAKERS



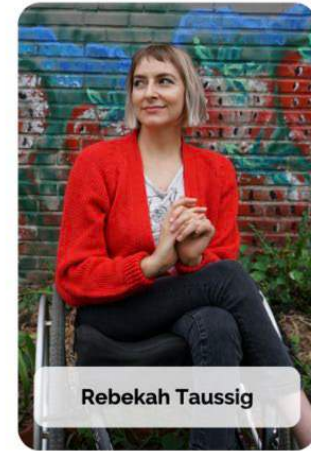
Karen Grimley



Dr. Alfredo Quiñones-Hinojosa



Shola Richards



Rebekah Taussig

OVER 75 BREAKOUT & POSTER SESSIONS

Agency for Clinical Innovation
 AngelEye Health
 Arkansas Children's
 Ascension Living
 Reading2Connect
 Atrium Health
 Billings Clinic
 Boston Children's Hospital
 Boulder Associates
 Brigham and Women's Hospital
 CareMax
 Changi General Hospital Singapore
 Children's of Alabama
 Children's Wisconsin
 Cohen Children's Medical Center
 Duke University Hospital
 Emory Johns Creek Hospital
 Enloe Medical Center
 Epworth HealthCare
 Geisinger
 Gould Medical Group
 Grow Now Niagara
 Hartford Healthcare
 HCA Ambulatory Surgery Division
 HealthCare Chaplaincy Network

Hospital Alemão Oswaldo Cruz
 Hospital e Maternidade Santa Joana
 Houston Methodist
 Instituto de Ensino e Pesquisa - do Hospital Sírio Libanês
 Kaiser Permanente
 Lehigh Valley Health Network
 London Health Sciences Center
 Macquarie University
 Major Hospital
 Marianjoy Rehab Hospital
 Mass General
 Mayo Clinic
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 NorthShore University HealthSystem
 Northwell Health
 Northwestern Medicine
 NSW
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 St Vincent's Health Network Sydney
 St. Louis Children's Hospital
 Sutter Health
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 Temple University Hospital
 UC Davis Health
 UC Health
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 University of California, Berkeley
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 University of South Carolina School of Medicine Greenville
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 Vision Volunteering
 WellMed
 Yale New Haven Hospital



Thank you!