

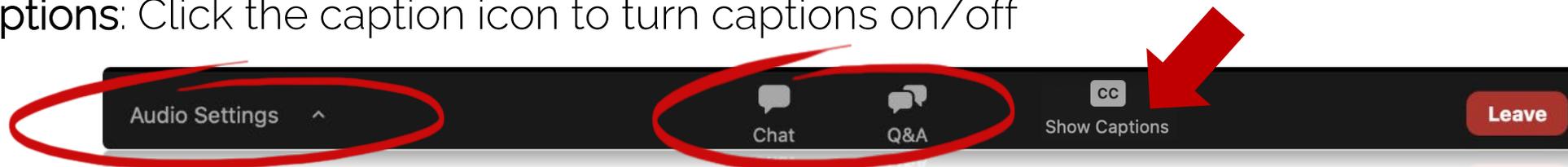


Escalation Management: The Journey to Support a Culture of Mutual Respect

February 27, 2024

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Our Speakers



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Escalation Management: The Journey to Support a Culture of Mutual Respect



Elizabeth Begley, MS, RN, LNC, CPXP
System Director, Office of Customer and Patient Relations

Kelly Marcroft, RN, MSN, CEN, CPXP
Director of Human Centered Care



Presentation Overview

Identify powerful tools in escalation management training.

Discuss colleague and facilitator training program focused on escalation management.

Describe an evaluation tool designed to measure the workplace training.

Key Terms Defined

Incivility

- is “one or more rude, discourteous, or disrespectful actions that may or may not have a negative intent behind them”.

Bullying

- ANA defines **bullying** as “repeated, unwanted, harmful actions intended to humiliate, offend, and cause distress in the recipient.”

Workplace Violence ¹

- is any act or threat of physical violence, harassment, intimidation or other threatening, disruptive behavior from patients, patient's family members, external individuals, and hospital personnel. It includes physical, sexual, and psychological assaults.

Current State Nursing Statistics

According to the Journal of Nursing Administration, each year, **nurses are subject to violence four times more than any other civilian domain, including law enforcement and corrections officers** ¹

According to Press Ganey, more than two nursing personnel **were assaulted every hour in Q2 2022**. That equates to roughly 57 assaults per day, 1,739 assaults per month and 5,217 assaults per quarter ².

In September of 2022, Press Ganey's CNO referred to violence against nurses an epidemic, and called on **leaders to declare a zero tolerance for hostility toward healthcare workers**.

The APA found **29% of healthcare workers admitted to worsening mental health issues**, and **75% needed more emotional support**, and relied on unhealthy habits to cope³

Literature-based Solutions

Steps that healthcare organizations can take to mitigate violence against healthcare workers:

- Implementing reporting systems
- Ensuring caregiver safety is a core value
- Setting expectations
- Enacting formal policies and procedures
- Implementing de-escalation training



Start Here

Our Journey to Mutual Care Mutual Respect



“Not an Initiative, a **Culture Change**”



Mutual Care Mutual Respect (MCMR) Defined

Purpose: To support the health and wellness of our customers and colleagues by fostering a culture of mutual care and mutual respect.

Mutual Care Mutual Respect is the presence of a positive, interactive relationship between people.

From a **colleague perspective**, we each own the quality of our relationships with each other.

From a **patient perspective**, excellent care is a shared responsibility among the patient, their family and our colleagues and providers.

The quality of our workplace and care outcomes are based on the willingness of **all** parties to work on behalf of common outcomes and shared goals.

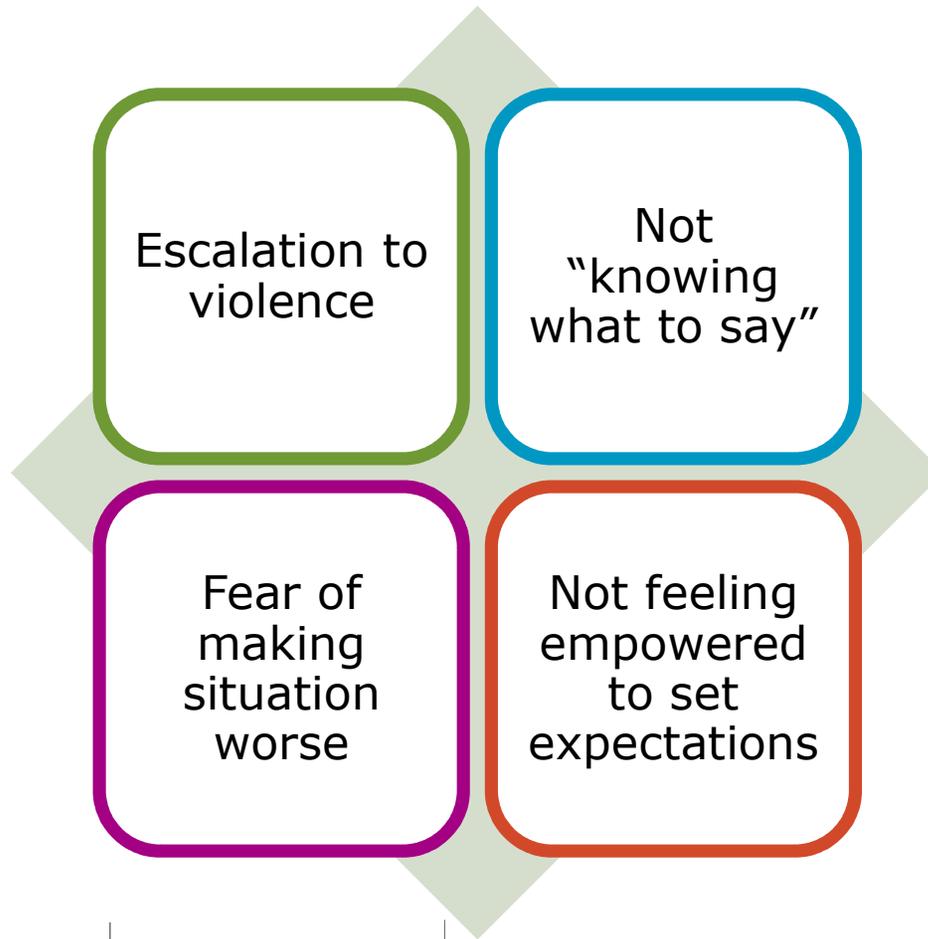


Escalation Management

In support of Mutual Care Mutual Respect

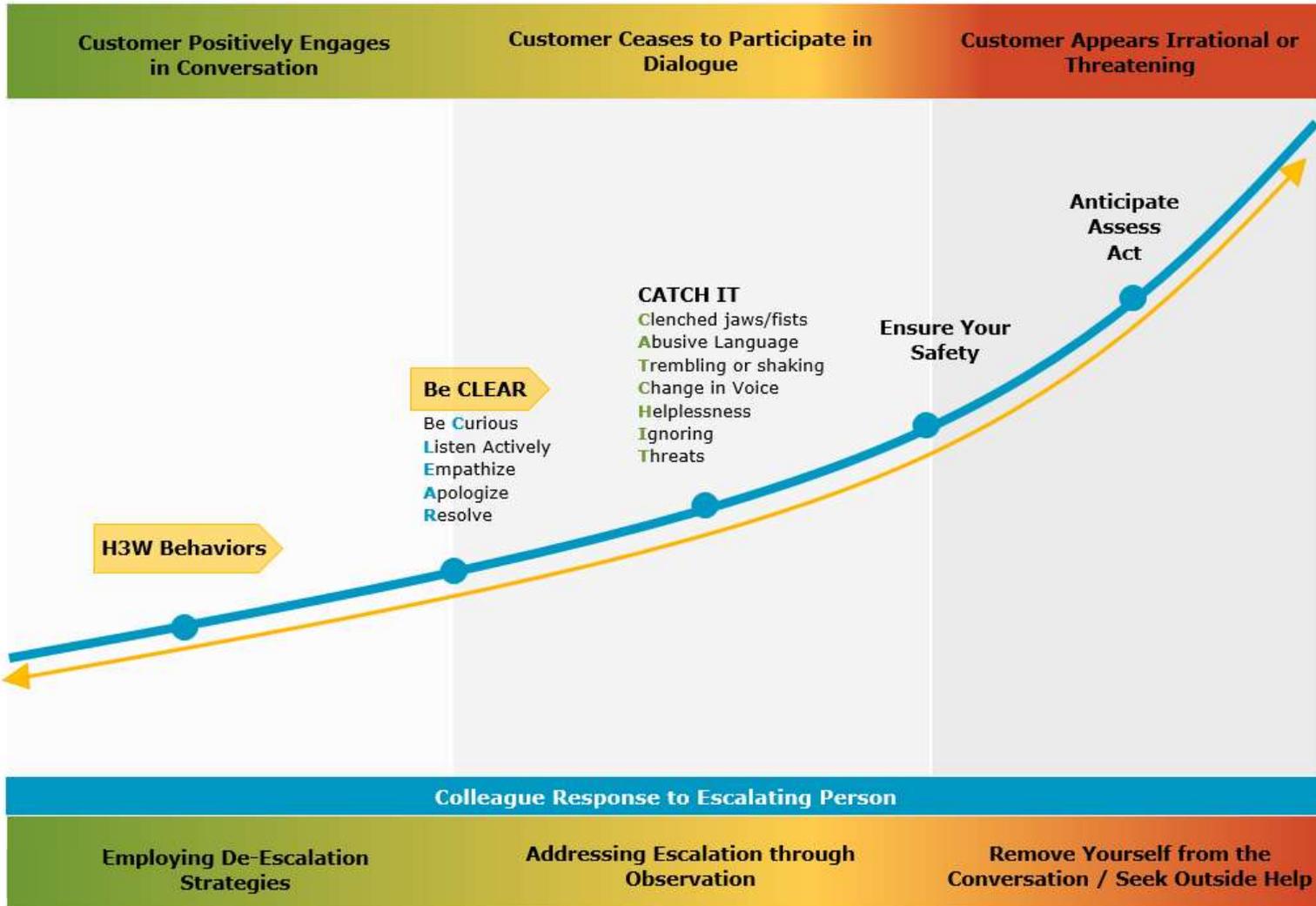


What are the things that make you most anxious about escalating issues?





Escalation Management Arc



H3W Leadership Behaviors

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H₃W Leadership Behaviors

A Commitment to Continuous Improvement

- 1. Be In The Moment**
- 2. Be Authentic & Humanistic**
- 3. Volunteer Discretionary Effort Constantly**
- 4. Model High Performance - Desired Behaviors that Drive Desired Results**
- 5. Respect & Leverage Separate Realities**
- 6. Be Curious vs. Judgmental**
- 7. Look in the Mirror First - Be Accountable**
- 8. Have Courageous Conversations**
- 9. Provide Timely, Clear & Specific Performance Expectations & Feedback**
- 10. Teach, Coach & Mentor - Spend at Least Half of Your Time Developing Others**

Remember, "It's about progress, not perfection!"

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Look in the Mirror First - Be Accountable

Key Questions to Ask Yourself Everyday

- What more can I do right now to be a role model for those around me?
- What more can I do right now to achieve the outcome I/we desire?
- What more can I do right now to prevent something undesired from occurring?
- What expectations or feedback can I deliver right now to make a positive difference in individual or team performance?
- What more can I do right now to seek or provide the clarity that I think doesn't exist?
- What more can I do right now to make this meeting more productive?
- What more can I do right now to say what needs to be said that no one else is saying?
- When someone or some outcome has not met my expectations ask, "How did I contribute to that?" and "What more will I do next time to make it successful?"

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Be CLEAR

Addressing the Non-Compliant/Challenging Person and Attempting Resolution

C

Being Curious:

- Center yourself - Be in the Moment
- Focus on the here and now vs. the distant past or future
- Suspend personal judgment and agenda
- Detach from outcome & need to fix

L

Listening Actively:

- 3 levels of Listening:
 - Level 1 - Internal Listening: It's all about my thoughts, my judgments, my feelings, and my expertise
 - Level 2 - Focused Listening: What words are being used and tone
 - Level 3 - Global Listening: What isn't being said, hesitation, body language, energy and your own intuition
- Repeat back/Paraphrasing: Ensure understanding/alignment
- The Power of Silence

E

Empathize

- "This must have been a very stressful situation for you"

A

Apologize

- "I am very sorry that you had that experience"

R

Resolve

- "What can we do resolve this for you"

Be C.L.E.A.R.
Responding when things go wrong

Be Curious
Watch your own reaction; avoid being defensive and judgmental.
Be in the moment and seek to understand.

Listen
Allow patients and colleagues to fully express their feelings. Respect separate realities as you listen.

Empathize
Empathy validates patient or colleague's concerns and reflects their emotions.
When you empathize with someone, you show you care.

Apologize
Be accountable. Take ownership for the issue even if it wasn't your fault.
Give a blameless apology: "I am so sorry this happened."

Resolve/Reset
Fix the person, then the problem.
Propose a solution. Get the patient's or colleague's support and reset expectations.

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MCMR and Trauma-Informed Care go hand in hand!

A trauma-informed approach:

Looks through a lens of
"what happened to you?"
instead of
"what's wrong with you?"

Understands that symptoms are **adaptations** to traumatic events.

Knows that **healing** happens through relationships.

Signs and Symptoms of Escalation Towards Violence

C

A

T

C

H

I

T

Clenched jaws or fists

Abusive language

Trembling or shaking

Change in voice or energy

Helplessness

Ignoring

Threats

- Pay attention to the individual's body language to include movements and posture. A clenched jaw or fist(s) can be a pre attack indicator.
- Be mindful that pre-existing conditions may mimic escalating behaviors

- Does the individual consistently use obscenities not consistent with their baseline?

- Like other forms of anxiety, escalation can lead to uncontrollable body movements. This may get worse as the individual escalates towards violence.

- Changes in the individual's tone or volume when speaking can be a sign of pending escalation to violence.

- Individuals who are escalating towards violence may not be able to comprehend reasonable solutions to their conflict.

- Individuals who may escalate towards violence may suddenly ignore your presence or refuse to make eye contact with you.

- The obvious verbal threat of physical violence.

Safety is Paramount

When It Is Time To Remove Yourself from the Conversation

"You are upset and I'm sorry about that. I think this is a really important conversation. I want to continue, so in order to do that we need to commit to speak respectfully to each other"

"I am trying to provide the best possible care to you/your loved one. I need you to understand that your behavior is distracting me from being able to provide that care. We really want to be able to see you/have you at the bedside for support. We can only do that if you can commit to lowering your voice"

"I'm starting to feel unsafe...what now?"

Patient wanting to involve others:

"You have absolutely every right to make the phone calls that you would like. My job is to make sure you are safe and stable. Can we do that, and then I can get you a phone?"

"It seems this conversation is no longer productive and we may not be able to resolve this. At this point, I think we need to engage patient advocacy and clinical leadership to document where we are in responding to your concerns."

Addressing Unacceptable Language

Find the Motive

"That kind of language (that comment, etc...) is not acceptable at HHC. Can you help me understand what you are upset about that may have prompted that response?"

Refer to Patient Commitment

Our goal is to care for you and the way you are speaking to me is making it very difficult. We want this to be a mutually respectful environment and I would ask you to please refrain from using that language.

Set Expectations

"We want to take excellent care of you. We can continue to do so as long as you understand that speaking to any of our team members like that is unacceptable. Continuing to make those comments/use that language could impact our ability to allow you to receive care with us, unless it is an emergency."

Anticipate, Assess and Act During an Unsafe Situation

What are the ways you can ensure your safety in the workplace?



Post-Course Resource Guide

Escalation Management (EM)

Leveraging Our Culture to De-escalation Strategies

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Facilitator Guide

Escalation Management (EM)

Leveraging Our Culture to De-escalation Strategies

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IMPACT

Literature-based solutions in action

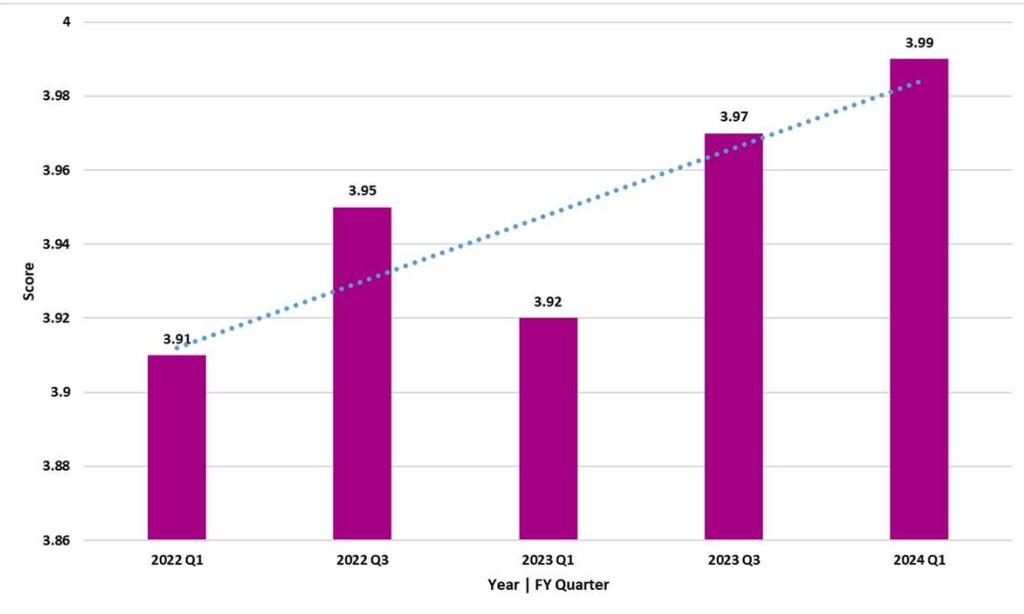
Capturing Colleagues' Perception using the Kirkpatrick Model

2,026
Colleagues
trained
in FY23



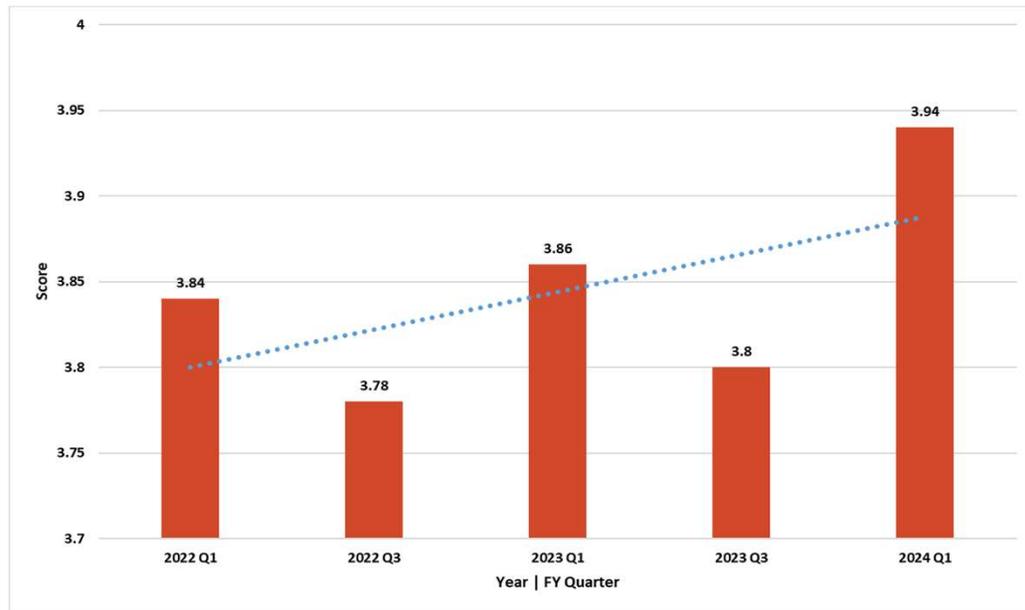
**Colleague
Engagement**

Hartford HealthCare Health System Outcome



“Where I work, employees and management work together to ensure the safest possible working conditions”.

“My organization treats employees with respect”.







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Upcoming Events & Programs

WEBINARS

February 29 | Global Foundations of Patient Experience and an Introduction to PX Week 2024

March 5 | Promoting Anti-Racism and Supporting Staff through Policy

March 12 | Headliner - Leading Healthcare & PX Teams with Clarity, Confidence and Courage

March 19 | Survivor Support Programs Strengthen Patient Experience

March 26 | Words Matter: The Transformative Power of Language for Empowering Care

CONNECTION CALLS

March 6 | Volunteer Professionals Community Connection Call – Strategic Planning for Volunteer Services

March 20 | Patient Advocacy Community Connection Call: Promoting a Culture of Collaboration and Teamwork



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Dennis W. Pullin

President & CEO, Virtua Health



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Samantha Harris

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Thank You

