

Workplace Violence Reduction: Screening and Early Intervention for Patients at Risk for Potential Violence

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BACKGROUND

In 2021 The Joint Commission introduced new standards for the mitigation of workplace violence in healthcare, and local legislation followed suit. Additionally, all-staff surveys conducted internally at Mayo Clinic in 2020 and 2021 showed that staff felt unsafe from workplace violence. In response to these directives and survey results, Mayo Clinic Arizona launched its Workplace Violence Prevention Program (WPV). As one of the first initiatives of WPV a pilot program was developed, Reduce Occupational Violence Rates (ROVR), to provide strategic interventions to mitigate the prevalence of workplace violence in the inpatient setting.

OBJECTIVES

The ROVR pilot program consisted of three main goals:

- Identifying patients at high risk of violence towards staff and equipping all parties with mitigation strategies.
- Improving staff satisfaction and safety by teaching methods to manage high-risk patients.
- Increasing staff awareness of workplace violence and the resources available to address it.

METHODS

- An interdisciplinary team was formed consisting of Social Workers, Nursing, Psychiatry, Security, and a Workplace Violence Prevention Educator.
- The team created a screening tool (Figure 1) that could identify patients who are likely to exhibit violent behavior.
- The team selected two inpatient units that had a high incidence of workplace violence.
- The nurses received comprehensive training on the screening tool and played an active role in the pilot program.
- The nurses completed the electronic screening tool at the end of each shift, which included reevaluating patients in the ROVR program.
- Social workers specializing in behavioral health reviewed the screening forms each morning. This step was crucial for accurately identifying and selecting patients who qualify for the program.
- Once a patient was identified as being high-risk, a social worker was assigned to develop a personalized behavioral plan (figure 2) that contributed to the Behavior Safety Plan (BSP). The BSP and personalized plan was documented in the patient's medical record to ensure consistent communication and high-quality care. The social worker conducted daily rounding, to ensure compliance with the plan.
- Security staff maintained a list of patients that were enrolled in the ROVR program and conducted increased rounding with the patient and care team.

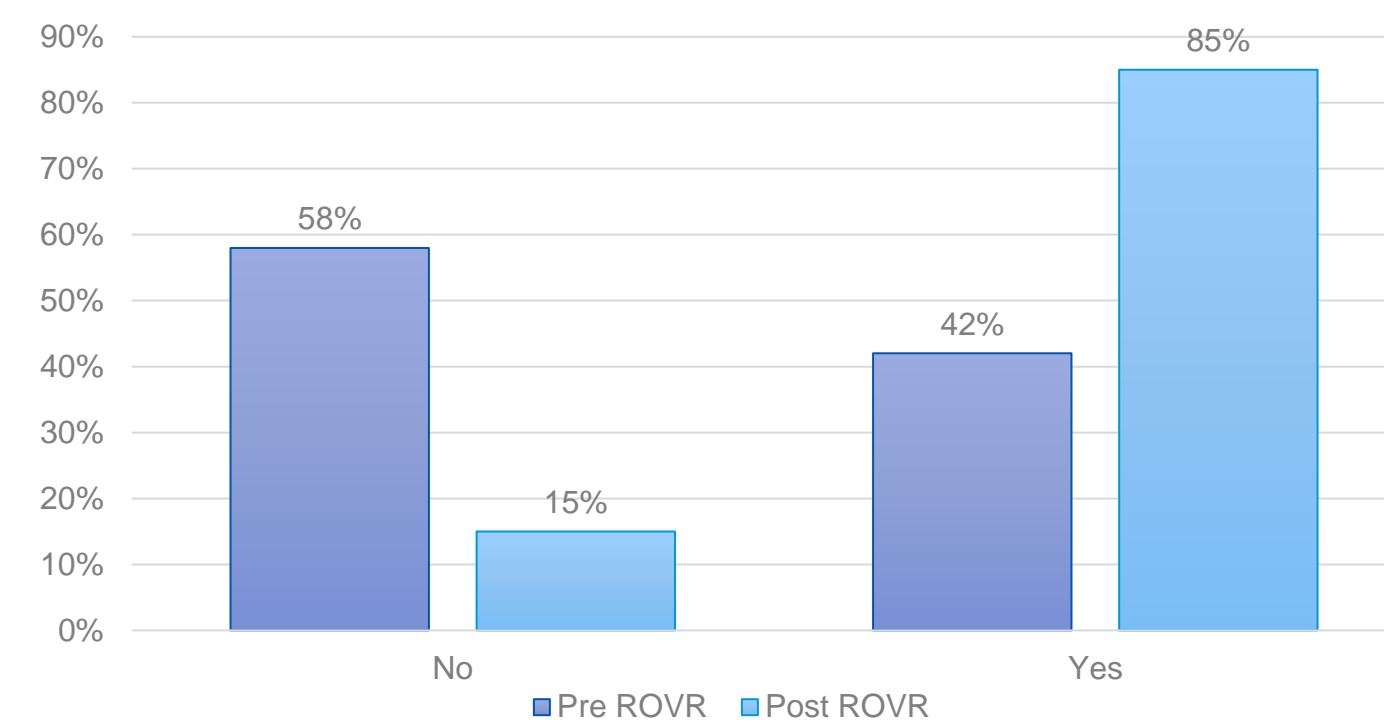
FIGURE 1: Screening Tool

FIGURE 2: Personalized Behavioral Plan

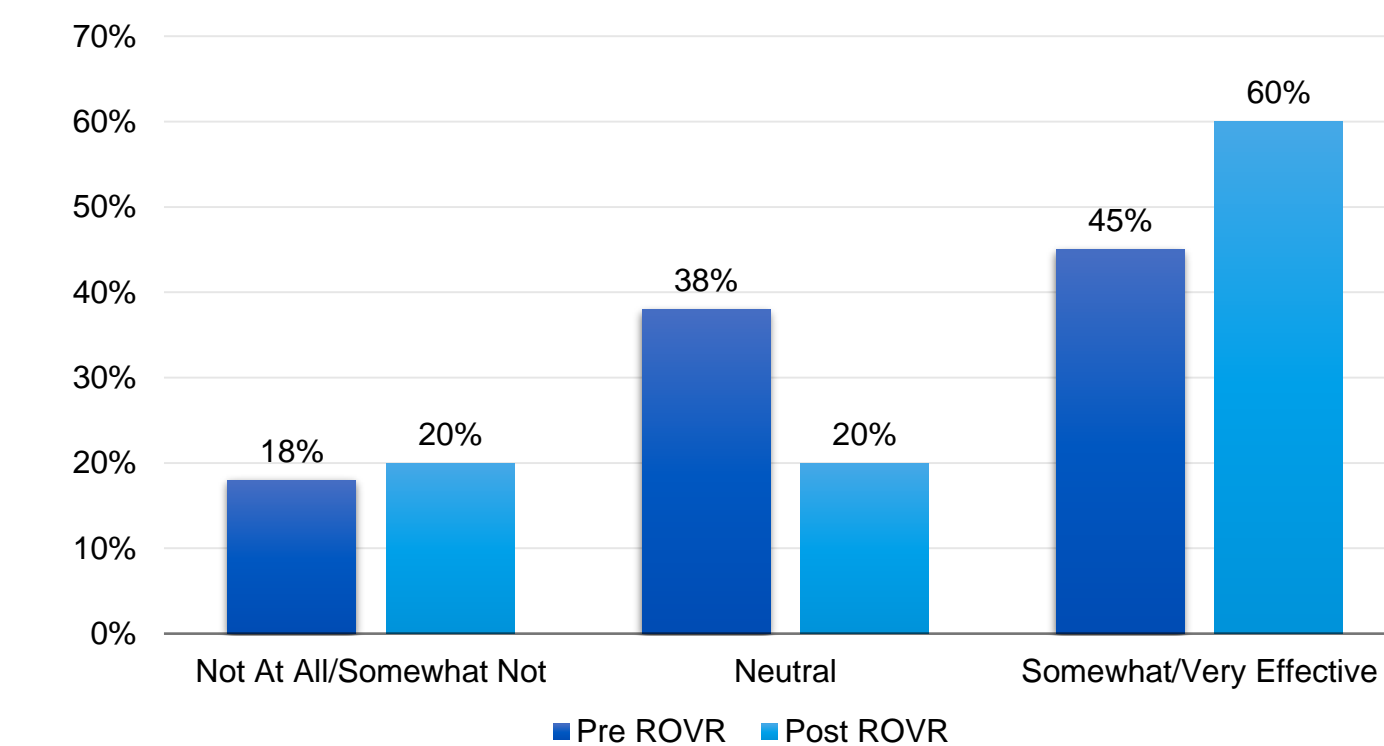
RESULTS

- The ROVR pilot significantly enhanced staff ability to access the patient's BSP, with proficiency rates soaring from 42% before the pilot to 85% afterwards, denoting a substantial improvement in staff knowledge (Graph 1).
- Staff reported a marked increase in their ability to detect signs of aggression post-ROVR pilot, with those feeling comfortable with this skill rising from 70% to 86%, reflecting a 16-percentage point growth in confidence (Graph 2).

GRAPH 1: Do you know how to access the patient's behavior safety plan?

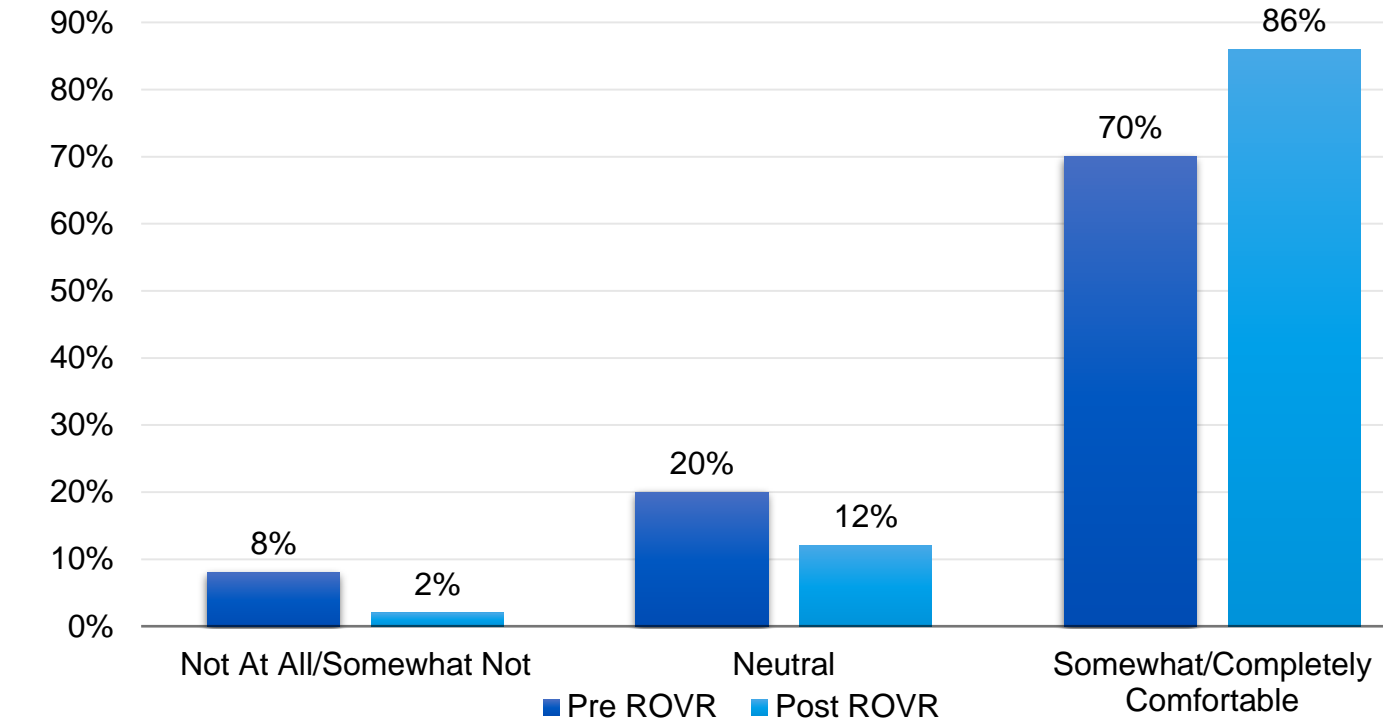


GRAPH 3: How effective is our hospital at preventing workplace violence?

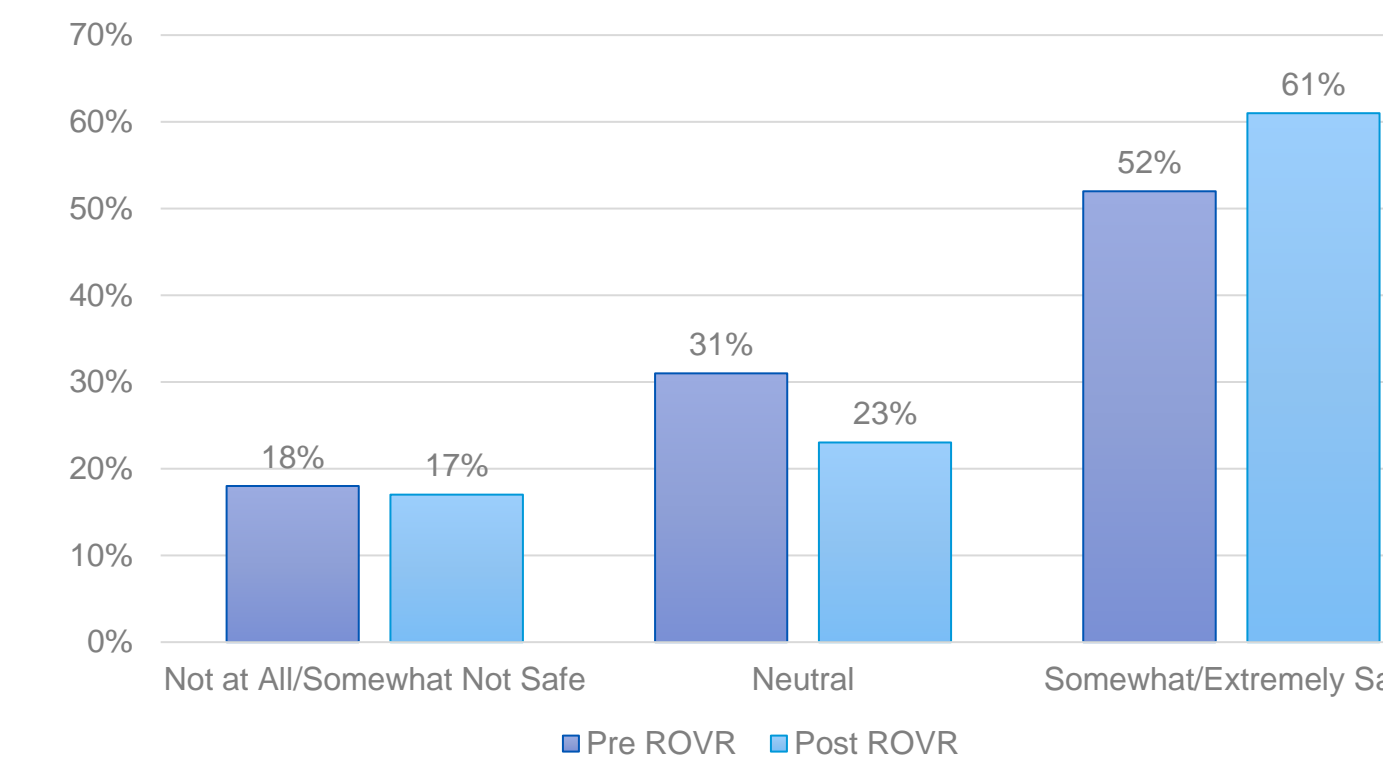


- Post-ROVR pilot, staff perceptions of Mayo Clinic Arizona's capability in averting workplace violence increased notably. The proportion of staff who rated the clinic's efforts as effective rose by 15 percentage points to 60% (Graph 3).
- There was a noticeable improvement in the number of staff who felt safe from workplace violence following the ROVR pilot, climbing from 52% to 61%, which indicates a 9-percentage point increase in staff's sense of safety (Graph 4).

GRAPH 2: How comfortable are you at recognizing behaviors that may be a sign of future aggression or violence?



GRAPH 4: How safe do you feel overall from workplace violence?



CONCLUSION

- Comprehensive Screening:** Throughout the pilot phase, our nursing staff completed over 20,000 electronic screening forms. The completed screening forms lead to the inclusion of 270 patient encounters into the ROVR program, identifying them as high-risk.
- Staff Engagement:** As evidenced by the ROVR pilot survey, staff responses demonstrated an increase in the ability to identify high-risk patients, implement mitigation strategies in partnership with the ROVR team, and improved perceived staff safety, offering critical insights into the program's impact.
- Aggression and Confusion Link:** A profound discovery was made as the analysis pointed out that an overwhelming 92% of physical aggression incidents coincided with the patients' bouts of confusion or delirium, drawing a significant connection between the two.
- Behavioral Correlations Uncovered:** Utilizing the screening tool revealed substantial correlations in patient behavior. Notably, the link between confusion and delirium was strong, with a correlation coefficient of .63. The association between verbal and physical aggression was also significant, marked by a .52 coefficient.
- ROVR Program's Influence:** The ROVR Program was instrumental in increasing staff awareness about potential violence, which led to a surge in the reporting of such incidents. While reports increased, the education provided by the program also resulted in a substantial decrease in the severity of these incidents, underlining the program's dual impact on awareness and prevention.

REFERENCES

- The Joint Commission. (2021). *Requirement, Rationale, Reference: Workplace Violence Prevention Standards*. https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/wpvp-r3_20210618.pdf
- Senate Bill 1311. (2022). *Amending Section 13-1204, Arizona Revised Statutes; Amending Title 36, Chapter 4, Article 1, Arizona Revised Statutes, by Adding Section 36-420.02; Relating to Health Care Workers*. <https://www.azleg.gov/legtext/55leg/2R/bills/SB1311S.pdf>

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