

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

Mayo Clinic	: Arizona- Ope	ration ROVR Screening Tool	Operation R.O.	
DATE RN: SHIFT: Day Shift Dight	Shift	Place patient sticker her	e	
At any p	point during yo	ur shift does the patient		
Physical or Verbal Aggression Have either type of aggression present?		<u>Behaviors</u> Have any of the following behaviors present?		
Physical Aggression (Examples: touching, grabbing, slapping)	Present	Agitation	Present Not Preser	
If this occurs, call security immediately and initiate a Violent Behavior Safety	Not Present	Confusion	Present Not Preser	
Action Plan Verbal Aggression	Present	Refusal of Care or Medications	Present Not Preser	
(Examples: threats, cursing, yelling) If this occurs, initiate a Challenging Behavior Safety Action Plan	Not Present	Attempting to Leave	Present Not Preser	
		Belittling Staff/Rudeness	Present Not Preser	
<u>Diagnosis</u> Is the patient being treated for any of the following conditions?		Medications	80.1	
Delirium (mental status change, encephalopathy, delirium)	Yes No	Receive a medication in this Antipsychotic medication:	Yes	
ETOH withdrawal	Yes No	(Examples: Seroquel, Haldol, Zyprexa, Precedex, etc. FYI does <u>NOT</u> include Ativan)	No	
Opioid withdrawal	Yes No			
	Inter	ventions		
Security Called			No	
Restraints Initiated or Reapplied			No	
Sitter Initiated or Continued			No	
Video Monitoring Unit Initiated or Continued			No	
Based on your clinical observations, would your patient benefit from the			Yes	
Operation ROVR pilot?			No	

FIGURE 2: Personalized Behavioral Plan

	EXAMPLE
e: N:	Responder:
	ROVR Plan
rr	al Reason
•	Agitation and increasing <u>frustration</u> Impulsivity Physical Aggression
ge	rs
•	When she does not have full understanding of her medical plan When the medical team, nurses do not verbalize their intentions when providing <u>care</u> High volume of noise within the room
niı	ng Signs
•	Looking at websites to buy things (Amazon, Etsy, Groupon) Speaking more rapidly than usual Beginning to ask when she can leave the <u>hospital</u>
g	patient can do (to de-escalate)
	Watch movies on her tablet (really likes sci-fi shows, no horror) Listen to female-empowerment music <u>playlist</u>
gs	staff can do (to de-escalate)
•	Talk to the patient about her cats Provide positive reinforcement for participating in medical treatment, caring for her cats Talk to pt about her interest in sci-fi movies and <u>television</u> Provide writing updates on treatment, medications on white board and review them with <u>patient</u> Allow patient to always have stuffed <u>animal</u>
on	mendations
•	Empathetic communication Try to present treatment recommendations as options to pt to allow for some level of control and participation her own treatment If pt begins to use aggressive language, stop firmly tell pt to stop and that conversation will end until patient ne longer makes such statements
iti	onal Information

EXAMPLE

- 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
- 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?

RESULTS

- 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).

be a sign of future aggression or violence?





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



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



■ Pre ROVR ■ Post ROVR

GRAPH 2: How comfortable are you at recognizing behaviors that may

61% 52% 23% Somewhat/Extremely Safe

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 highrisk 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

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