

No Stranger, No Danger: A Multidisciplinary Approach to Mitigate Workplace Violence

Jennifer Hovell, MHA; Kim Brake, MSN, RN; Cassie Crary, MBA; Allyse Hutchinson, MSN, APRN, ACNS-BC; Lindsay Norgaard, MA; Julie Pavelko, MPH; Chad Schmitz, MHA, MBA; Alex Theofiles, MD

Division of Hospital Internal Medicine, Department of Psychiatry and Psychology, Division of Gastroenterology and Hepatology, Division of Pulmonary and Critical Care Medicine, Department of Family Medicine, Department of Nursing

BACKGROUND

Workplace violence in the healthcare industry continues to rise. According to the US Bureau of Labor Statistics (2022), in 2020, healthcare practitioners and technical occupations experienced 8,590 nonfatal workplace intentional injuries by another person that required at least one day away from work. The inpatient medical practice at Mayo Clinic in Rochester, Minnesota, continues to observe increasing complex behavioral issues among patients admitted with acute medical concerns. This trend has heightened safety concerns requiring a union of forces to mitigate patient and visitor misconduct and protect Mayo Clinic patients, visitors, and staff.

OBJECTIVES

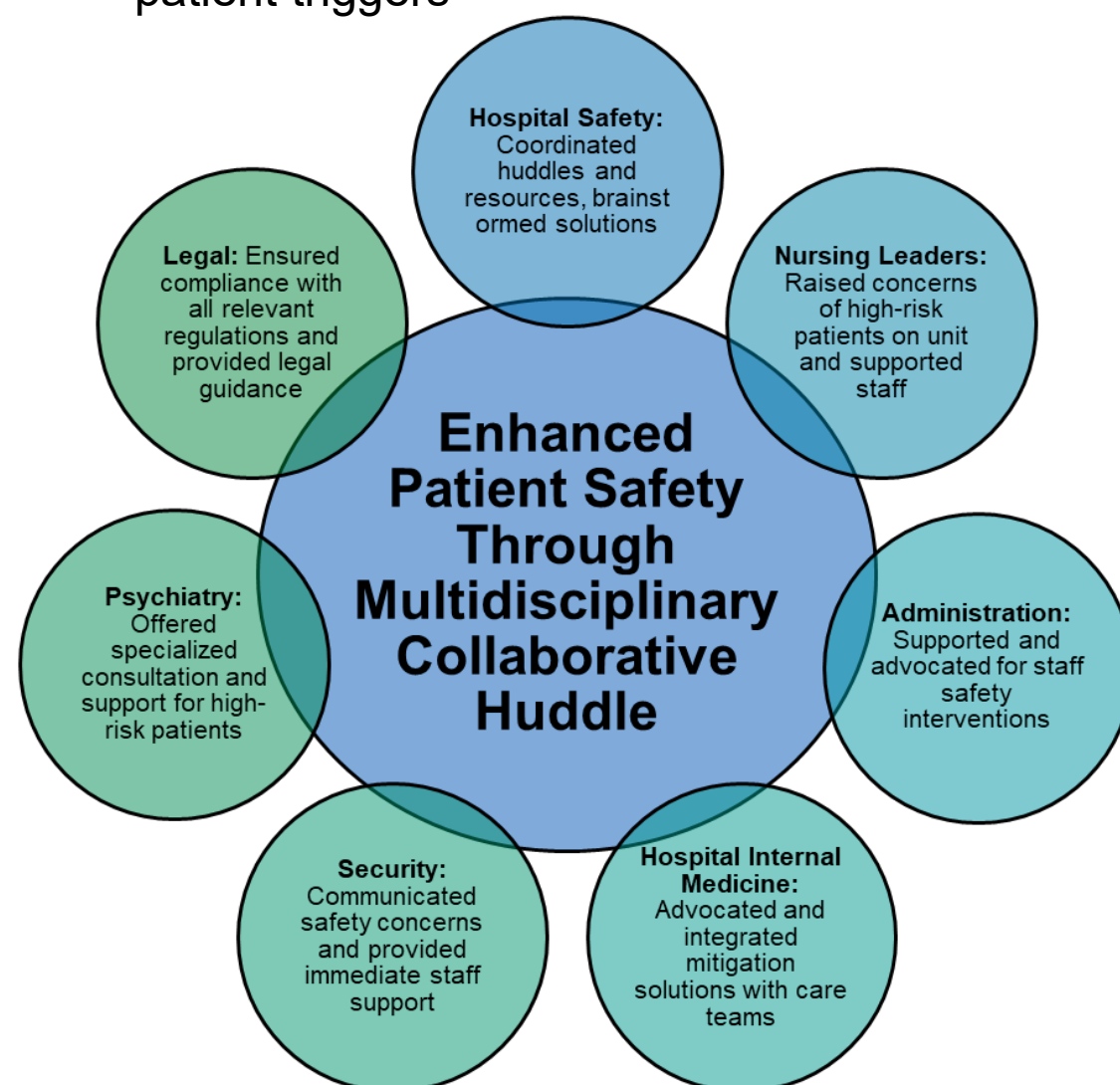
Recognizing the widespread nature of this issue and risk to staff health and welfare, the inpatient medical practice initiated twice-weekly safety huddles to address patient and visitor behaviors and misconduct through multidisciplinary collaboration. The recognition of increasing safety concerns and the need for unit support was the impetus for this group to successfully implement a forum for unit, practice, security, and safety leaders to share experiences, collaborate on problem-solving, and partner with resources to keep staff and patients safe.



METHODS

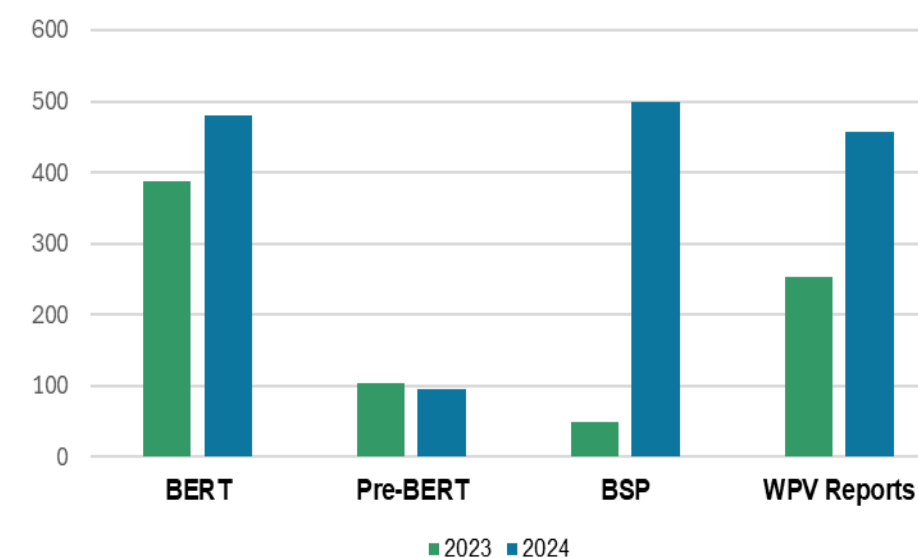
A team was established to meet twice weekly, on Tuesday and Friday, discussing the needs of staff and patients within the inpatient medical nursing unit division. This team is comprised of nursing leadership, practice leadership, legal, security, safety, and complex behavior unit leadership. These meetings accomplish several goals:

- Review patients with escalating behaviors, both physical and verbal, and develop individualized plans to keep patients and staff safe
- Share successful behavior management and documentation strategies
- Identify opportunities for strategic deployment of security personnel (e.g. increased rounding on specific units or presence during patient cares for staff safety)
- Share institutional knowledge and experience of frequently admitted patients providing consistent care plans and generating awareness of tactics that improve behaviors and mitigate identified patient triggers



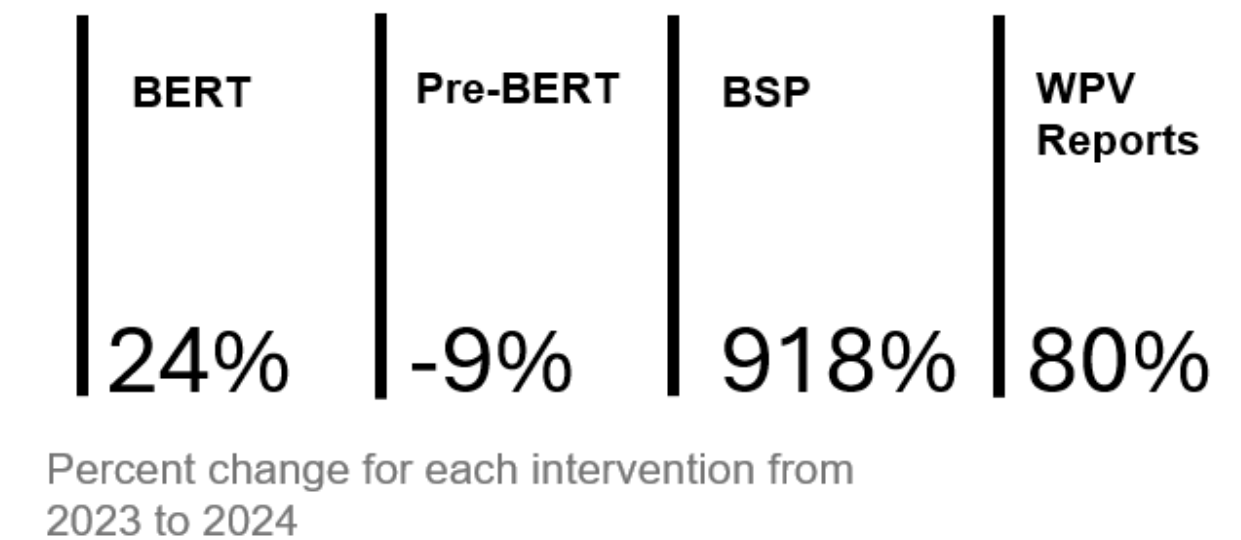
RESULTS

Figure 1: Staff usage of WPV resources



BERT-Behavioral Health Emergency Response Team
Pre-BERT – BERT consult
BSP-Behavioral Safety Plan
WPV-Workplace violence

Figure 2: Staff using various interventions to manage patient behavior



Multidisciplinary collaboration has promoted development of behavior safety plans (BSP). The increased usage of hospital resources demonstrates the enhanced communication about and awareness of existing complex behavioral patients in the inpatient setting, allowing for proactive planning and engagement of resources without increasing violent/nonviolent restraint utilization or involuntary hold orders. This huddle has facilitated procedural changes by identifying systems issues and escalating them for resolution. Over the past year, these huddles have led to increased awareness of frequently admitted behavioral patients, greater utilization of resources by inpatient medical staff, and strengthened partnerships with security and safety teams.

CONCLUSIONS

- Early identification of complex behaviors is paramount and allows rapid intervention and expectation setting with patients and visitors
- Multidisciplinary safety huddles generate increased awareness of hospital resources and documentation tools, including utilization of behavioral safety plans and activation of the behavioral response team
- Regular safety huddles lead to an increase in communication with hospital security and safety teams, promoting enhanced coordination and proactive planning to mitigate safety concerns

REFERENCES

1. Workplace violence: homicides and nonfatal intentional injuries by another person in 2020. (2022, November 21). U.S. Bureau of Labor Statistics. Retrieved November 18, 2024 from Workplace violence: homicides and nonfatal intentional injuries by another person in 2020 : The Economics Daily: U.S. Bureau of Labor Statistics

CONTACT

Jenni Hovell | Mayo Clinic | hovell.jennifer@mayo.edu