Marsh

The Complexities of Managing Aggression and Violence in Healthcare

Session 3

March 8, 2022

Welcome and speaker introductions

Welcome

The Complexities of Managing Aggression and Violence in Healthcare

Session 1 — **Violence in Healthcare: Defining the Threat, and Preparing for and Managing Aggression and Violence**

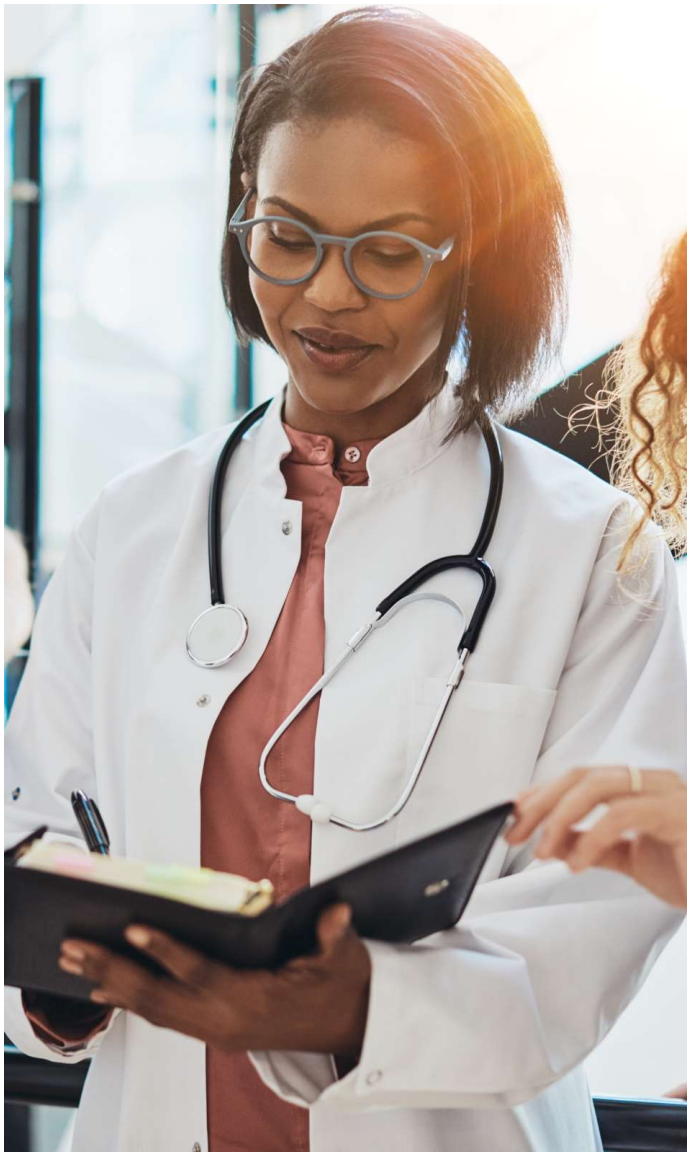
- Chad Barnes, Marsh Advisory and Tyler Kerns, St. Alphonsus Health System

Session 2 — **Healthcare Security and the Role of Police and Security Response Forces**

- Chad Barnes and Jonathan Frost, Marsh Advisory and Tyler Kerns, St. Alphonsus Health System

Session 3 — **Care for the Caregiver**

Session 4 — **Risk Financing Considerations and Transfer of Risk**



Marsh

Speaker Introductions

Industry leaders in healthcare security and violence prevention and response

Gisele Norris DrPH
Managing Director,
HealthCare Practice
Leader
Marsh

Hala Helm
Managing Director,
Strategic Health
Care Risk Advisor
Marsh

Linda Jones
Managing Director,
Regional HealthCare
Practice Leader
Marsh

W. Alan Barker Vice
President, General
Counsel
Legal Risk Compliance
Operations
Baylor Scott & White
Health

Lisa Havens Chief
Risk Officer, SVP-
Legal Counsel
Baylor Scott & White
Health

Karen Stein MS BSN RN
CPHRM FASHRM Director,
Clinical Loss Control
Trinity Health

Beth Lown, MD Associate
Professor of Medicine,
Harvard Medical School,
Chief Medical Officer
The Schwartz Center for
Compassionate Healthcare

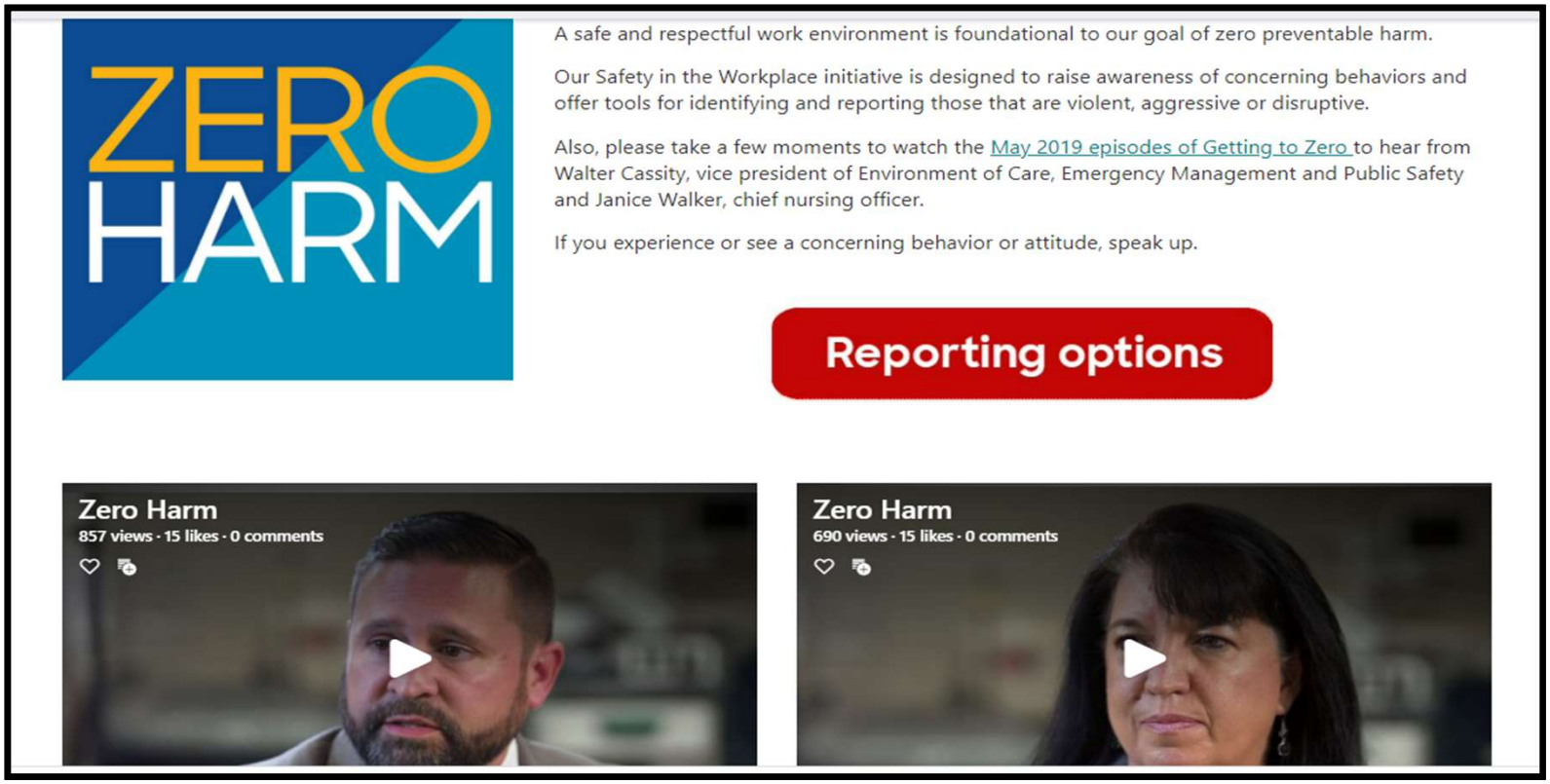
Baylor Scott & White
Lisa Havens
W. Alan Barker

Workplace Violence Program

Lisa Havens
Alan Barker

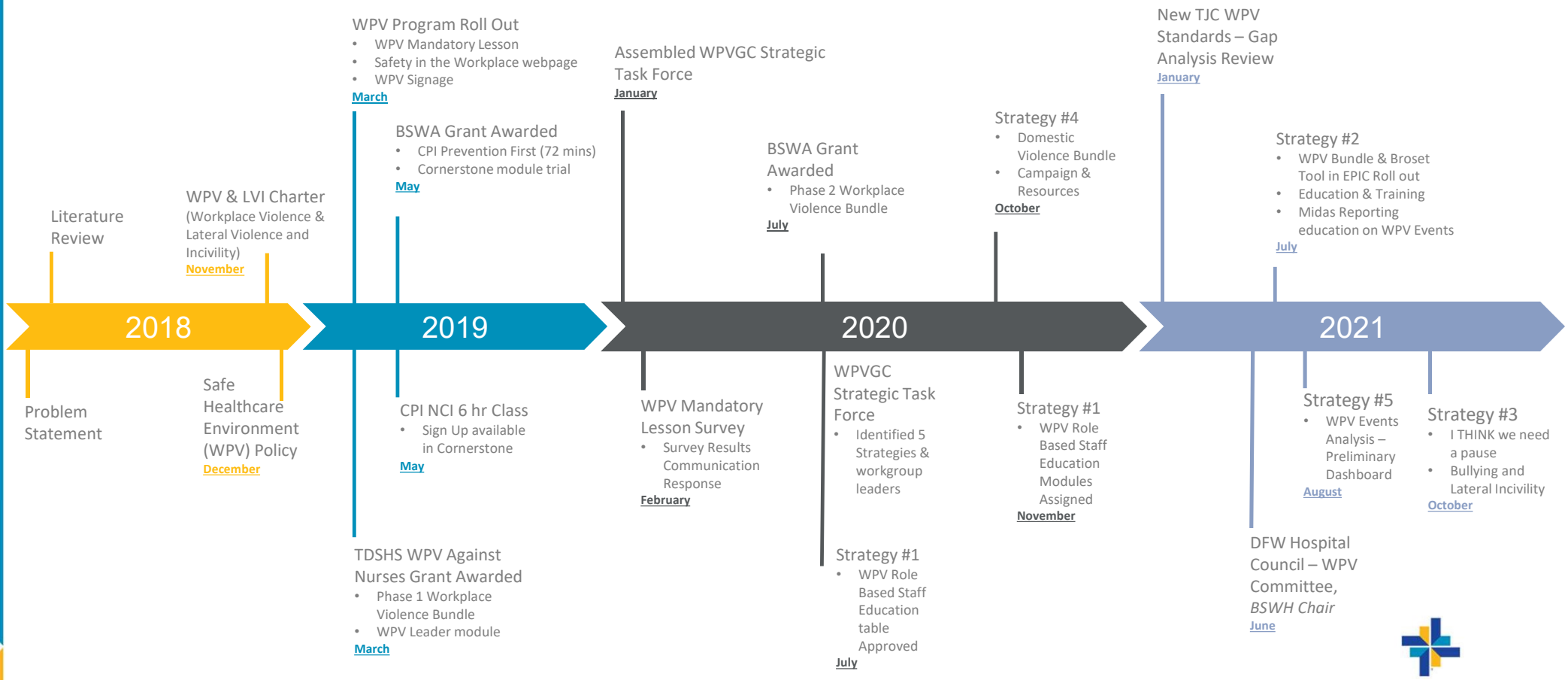
Baylor Scott & White HEALTH

SAFETY IN THE WORKPLACE



https://bswhealth.sharepoint.com/sites/BSWSafetyInTheWorkplace

Workplace Violence Program Timeline



BSWH Continuum of Workplace Violence

Workplace Violence Strategies

The BSWH Workplace Violence Governance Council (WPVGC) formed task forces to manage the 5 defined strategies that built and will steer the Workplace Violence Program (WPV).

- Strategy 1: Effective and efficient role-based, workplace violence education modules
- Strategy 2: Workplace violence education bundle for leaders and team members to know and understand the best practices that prevent and effectively respond to patient violence
- Strategy 3: Initiative to target incivility/bullying in the workplace
- Strategy 4: Initiative to target domestic violence
- Strategy 5: Comprehensive data tracking, monitoring and reporting system of leading and lagging workplace violence indicators.
- Next steps: Technology and ambulatory subcommittees

Strategy 1: Role-based education

- Educational programs/assignments guided by role inclusive of leaders
- Recently, conducted gap-analysis of System education offerings and TJC's 2022 WPV standards.
- Updating system 2021 Workplace Violence education modules with required content.
- Developed education for reporting WPV incidents

Strategy 2: WPV Bundle

The Workplace Violence Bundle includes:

- Signage
  - Posters posted in waiting areas and nurses station notifying patients and visitors that workplace violence will not be tolerated
- Broset violence checklist to determine the level of violence and the preventive measures that should be in place
- Duress alarms that employees use to notify of potential violence
- Use of the buddy system to keep patients and employees safe
- Disruptive and Violent Patient Behavior Policy and Patient Behavior Agreement

Strategy 2: WPV Bundle

Patients & Visitors

Our facilities are healing environments free of any type of violent or aggressive behavior. Please treat others with courtesy and respect. Aggressive or violent behavior will not be tolerated.

Examples of prohibited behavior are:

- Emotional, physical or verbal abuse or assault
- Harassment
- Threatening or violent behavior
- Abusive or sexual language
- Bullying

Anyone who shows aggressive or violent behavior may be removed from the facility and/or the facility or staff may take additional legal actions including pressing criminal charges.

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Event Reporting Update: Workplace Violence Events

February 2022 EVENT REPORTING UPDATES

Pertains to all BSWH facilities system-wide.

Standardization of terminology is necessary to accurately record, categorize, and strategize quality improvement initiatives to mitigate and eliminate workplace violence (WPV) events. If an event occurs, document the incident using the event reporting system tool *according to the guidelines below.*

Workplace violence is *"An act or threat occurring at the workplace that can include any of the following: verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors involving staff, licensed practitioners, patients, or visitors."*

Guidelines for Documentation of a Workplace Violence Event in the Event Reporting System	
Identify the Source of the Incident	
BEHAVIOR	**CONDUCT**
Patient or visitor is source of negative incident. *Report under the patient's name when possible.*	Staff, physician or APP is source of negative incident. *Report under the patient's name when possible.*
Select the TYPE of Incident	
TYPE	**NDNQI DESCRIPTION**
An assault (termed "abuse" in the event reporting system) is defined as any incident involving forcible, unwanted physical or sexual contact in the workplace, regardless of who carries out the assault, and regardless of whether or not there is intent to harm.	
Alleged Abuse - Physical	Includes contact with another person (e.g., pushing), contact with bodily fluids (e.g., being spat upon), and contact with objects (e.g., being struck by a thrown object).
Alleged Abuse – Sexual/Inappropriate Touch	Includes unwanted sexual contact (e.g., fondling, forced kissing, attempted or actual rape.) Includes inappropriate exposure of genitalia or similar behavior.
Alleged Abuse – Physical ***and*** Sexual/Inappropriate Touch	Select when ***both*** Physical ***and*** Sexual/Inappropriate Touch occur during *same incident*.
Alleged Abuse - Verbal	Abusive language (e.g., name-calling, cursing, sexual comments, derogatory statements.)
Disturbance/Disruptive	Behavior or conduct not conforming to descriptions above yet is disruptive or disturbs the patient care or workplace setting.
Other - ***Do not select.*** Effective follow-up of WPV event requires specific and distinct classifications listed above.	
If the BSWH employee incurs an injury from the alleged assault, submit an "Employee Incident/Injury/Exposure" report in the Event Reporting System. This enables timely notification to Safe Choice.	

References:
https://bswhealth.sharepoint.com/sites/BSWMidasReporting
NDNQI (2020.) Guidelines for Data Collection and Submission on Assaults on Nursing Personnel Indicator.
TJC (2020.) Proposed New and Revised Requirements for Workplace Violence Prevention Hospital Accreditation Program.

Scan for Event Reporting Resources

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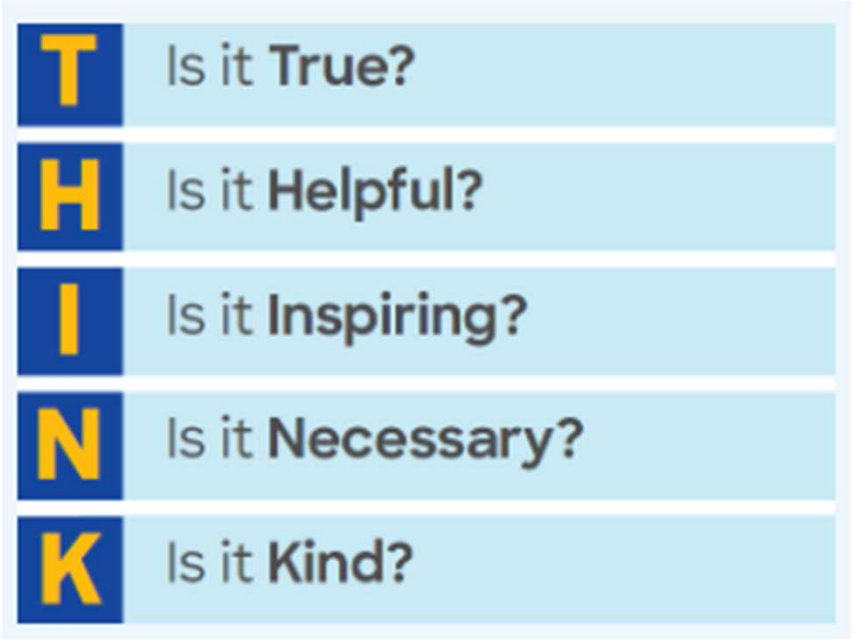
Strategy 3: Incivility/Bullying in the Workplace

- A proactive way to think about, talk about, and manage internal disruptive behaviors in the workplace before they escalate.
- If you are experiencing bullying in the workplace, use this simple phrase:

  I **THINK** we need a pause.



Strategy 4: WPV Awareness campaign related to Domestic Violence

Implement awareness campaign in October during Domestic Violence Awareness Month. Going forward, each facility level diversity council will post to their facility pages about the national observance of domestic violence.

- How to recognize it
- Resources - If you or a colleague are a victim of domestic violence
- Resources - For clinicians caring for patients who are victims of domestic violence

Strategy 5: Dashboard

- **Accurate Data: Challenge with several databases – Midas, Compliance Hot Line, Public Safety, Employee Injuries**
- **Create dashboard** to monitor progress of each WPV strategy at System and Facility levels:
  - Events
  - Indicators
  - WPV Education
  - Culture of Safety

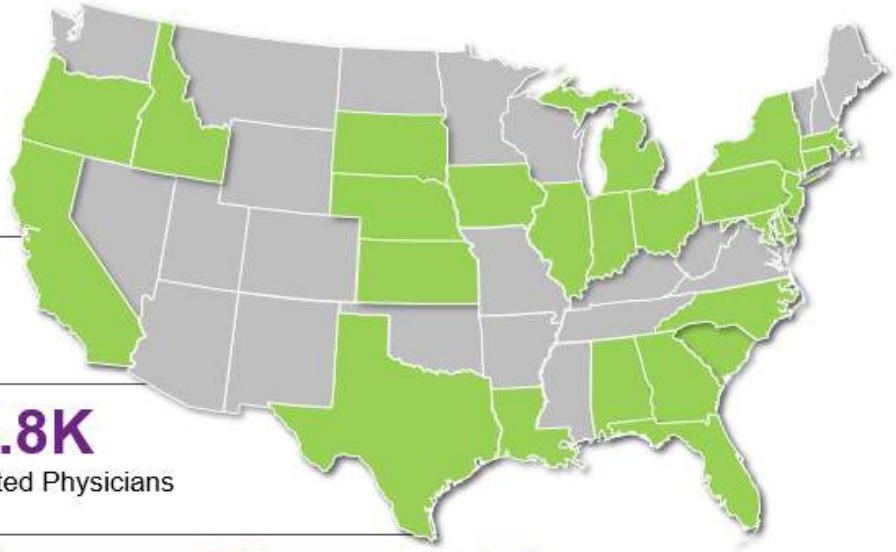
Trinity Health
Karen Stein

Karen Stein MS BSN RN CPHRM FASHRM
Director, Clinical Loss Control
Trinity Health Insurance & Risk Management Services

March 8, 2022

Trinity Health

One of the Largest Catholic Health Care Systems in the Nation



$20.2B
In Revenue

25
States

1.4M
Attributed Lives

$1.2B
Community Benefit Ministry

115K
Colleagues

6.8K
Employed Physicians & Clinicians

25.8K
Affiliated Physicians

88
Hospitals*

17
Clinically Integrated Networks

131
Continuing Care Locations*

25
PACE Center Locations*

125
Urgent Care Locations*

FY21 data unless noted
Exclusions: Mercy Chicago Hospital transitioned to Insight Chicago (June 2021); Mercy Philadelphia Hospital transitioned to Penn Medicine (March 2021)
*Owned, managed or in JOAs or JVs
v: 10.25.21

Trinity Health

Trinity Health

Second Victim Phenomenon Defined

"*Healthcare team members involved in an unanticipated patient event, a medical error and/or a patient related injury and become victimized in the sense that they are traumatized by the event.*"

" *A life-altering experience that left a permanent imprint on the individual.*"

(Scott et al, 2009)

Getting Started

- ✓ Attended program at IHI
- ✓ Obtained system office leadership executive sponsor
- ✓ Applied for Trinity Health internal grant - $25,000
  - ✓ Open to Trinity Health Ministries participating in the Master Corporate Insurance Program and System Office teams
  - ✓ Proposals must address an existing risk concern that will impact one of Trinity Health's liability or event drivers, or colleague safety initiatives
    - ✓ Program can be replicated in Trinity Health ministries
    - ✓ Outcomes can be measured using defined methodology and metrics
  - ✓ Identified pilot sites
  - ✓ Met with local leadership to assess readiness
  - ✓ Obtained commitment for people resources to support the program

Initial Actions

Safety culture
Building a culture of safety is essential for any successful staff support program

Leadership buy-in
Engage leadership and make the case for a peer support program

Organizational awareness
Awareness of the impact of medical errors and/or adverse events to clinicians and staff is critical

Formation of a multi-disciplinary advisory committee
Consider who should be part of the advisory group and what their role is

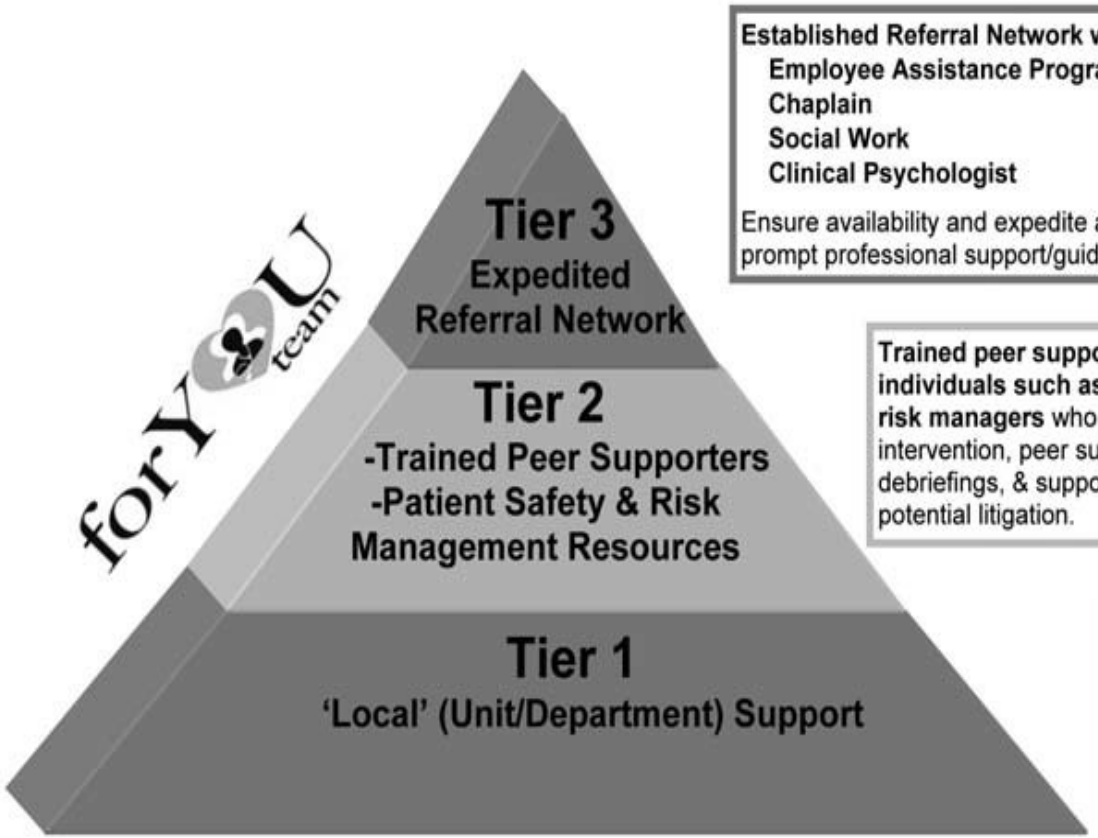
Risk management
Create protections for your program and connect it with other initiatives

- Engaged a Project Manager
- Met with small planning group, identified site leader
- Met with larger multidisciplinary Steering Team
- Determine the model – proactive reach out to decrease stigma
- Marketing and Communications
- Engaged with Employee Assistance Program leaders
- Address Legal concerns
  - Documentation of encounters
- Address HR concerns
  How to address time

Operations

- Engaged with Susan Scott BSN, MS, PhD, University of Missouri as a consultant. Dr. Scott started the ForYOU peer support program and is an international authority in peer support work. The model of support she developed is known as the “Scott Model of Interventional Support.” This model has been implemented by many organizations and her work has been cited in over 1700 peer reviewed journals.
- Nomination process for peer supporters – in times of crisis, who do you go to on your unit? Nominate them as a peer supporter.
- Nominations were reviewed and selected peer supporters were sent information and an agreement to sign
- Started with training 40 peer supporters for each of the 2 pilot sites and 3-4 trainers to train future peer supporters
- Conducted training sessions for peer supporters
- Provided peer supporter “tool kit” to each peer supporter

Scott Three-tiered Interventional Model



Established Referral Network with
- **Employee Assistance Program**
- **Chaplain**
- **Social Work**
- **Clinical Psychologist**

Ensure availability and expedite access to prompt professional support/guidance.

Trained peer supporters and support individuals such as patient safety officers or risk managers who provide one on one crisis intervention, peer supporter mentoring, team debriefings, & support through investigation and potential litigation.

Department/Unit support from manager, chair, supervisor, fellow team member who provide one-on-one reassurance and/or professional collegial critique of cases.

(Scott et al, 2009)

Peer Support Levels

Tier 1

- Immediate informal support at the unit level
- Increased awareness allows for casting a wider net to identify those in need
- Checking in to offer support
- About 60% will have their needs met with this level of support

Tier 2

- Trained peer supporters reach out on a 1:1 basis
- One or more interactions
- Can refer to higher level of support if needed
- About 30% will have their needs met with this level of support

Tier 3

- Professional level support
- Could include referral to Clinical Psychologist, EAP, other identified resource
- About 10% are referred to this level of support

Saver, C. (2013) Second victim rapid-response team helps fellow clinicians recover from trauma. OR Manager (29)5

Policies & Procedures

Policies, procedures and practices
Develop a standardized response to adverse events in your organization

- Developed written procedure
- Process for activation
- Proactive reach out to those involved in events
- Peer supporters aware of events on their units, did “surveillance” and reached out
- Peer support could also be activated by pager
- Determine who should carry pager (Chaplain and Nursing Supervisor as there was 24/7 in house coverage/presence)
- Process for confidential referral to tier 3 resources

Peer Supporter Training

- Consultant provided initial peer supporter training (4-hour program)
- Set the stage by asking participants to partner up and share a story that affected them or a coworker – everyone had a story
- Content and practice role playing
- Site leads discussed operational processes
  - How peer supporter would be contacted
  - Proactive reach out
  - Provide a brochure for each encounter
  - Obtain permission to follow-up
- Go-live plan shared

Peer Supporter Interaction

Introduction: Peer supporter initiates the conversation, introduces him or herself as a peer supporter, and explains the goal of the peer support team.

Exploration: The peer supporter helps the caregiver express their emotions using questions to find out: What are their thoughts? What are their reactions? What are their symptoms?

Information: After listening, the peer supporter provides information. This is known as the "normalizing" part of the interaction. The peer supporter may discuss normal reactions to unusual situations. Provide program brochure.

Follow-up: Peer supporter asks the caregiver if it would be OK for them to check on them in the near future (1-3 days) Determines and/or offers additional resources. May communicate with the site lead if additional support is needed from patient safety, risk management, and/or department leaders.

Supportive Interventions

- Proactive reach out – research shows only about 15% will reach out for support
- Active listening – focus on feelings and reactions to the event, not the details
- Acknowledge what the clinician is saying or feeling
- Supportive presence – don’t try to fix it!
- Psychological first aid – be there, follow up, offer resources, let them know somebody cares

Communications

HOPE
Caring For Our Own

SafetyNet

- **The fun part!**
- Create a name and logo
- Develop materials:
  - Brochure – given out with each encounter
  - Internal webpage
  - Posters
  - Pins
  - Badge Cards
  - T-shirts
  - Pens with phone number to access peer support
  - Launch events for all shifts – Peer supporters provided information in cafeteria, brochures, pens, treats

Peer Supporter Toolkit

SafetyNet

Contents:

- Brochures
- Flyer for unit
- Badge card
- Pens
- Encounter data collection form
- Reference Articles
- Peer Supporter Training Guide
- T-shirt
- Pin and certificate presented at the end of training

HOPE – Helping Our Peers Endure Toolkit

HOPE
Caring For Our Own

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Unit Flyer

What is the SafetyNet Program?
This is a new program to help caregivers who are the second victims of traumatic health care events/situations.

What does a Peer Supporter do?
Reaches out to check on fellow caregivers after unanticipated events or outcomes with patients.

Is there a cost to staff? It is Free!

How long does it take?
Peer supporter touch base sessions last about 10 minutes

How to contact?
You can contact me directly or Pastoral Care is available any time.

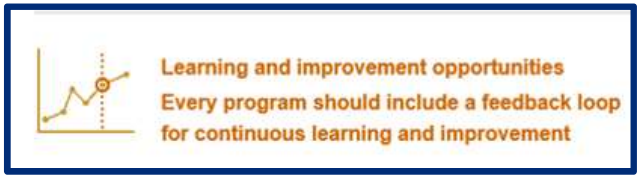
How do I become a peer supporter?
Contact (add name and phone number here)
Or email at (add email here)

SafetyNet

Add photo of peer peer supporter(s) here

Add name(s) of peer supporter here and their department

Continued Learning



- After training and go-live, monthly then quarterly peer supporter meetings held with a 3-item agenda:
  1. Debrief encounters
  2. Education for peer supporter skill building – Clinical psychologist, EAP representative
  3. Identify opportunities to promote the program at meetings, huddles etc.

Metrics

To protect confidentiality and trust, no identifying information was collected

Track:

- Number of encounters
- Support by role
- # First encounters
- # Follow-up encounter
- Referral to additional resources
- 24/7 availability of peer supporters
- Unit Culture of safety scores
- Staff turnover by unit
- Peer supporters on high-acuity/high-risk units
- Peer supporter readiness after training
- Peer supporter attendance at monthly meetings

Program Expenses

$3000- $4000 initial material expenses

Grant funds covered consultant expenses

.6 FTE

Peer Supporters

Program Coordinator

Executive Sponsor

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Tips & Challenges

- Visible executive sponsor to support a safety culture
- Consider the shadow of the leader….if a well respected surgeon is a peer supporter, it helps remove the stigma for other surgeons
- Involve Residency program leaders and Residents as peer supporters
- Cast a wide net when offering support, those involved and those who may witness an event
- Time away from unit for meetings for peer supporters
- Use a variety of methods to share information with peer supporters – meetings, email, newsletter
- Create a plan to sustain the program with personnel changes

Conclusion

Each day within our health systems, "healthcare professionals practice their art and science within enormously complex environments and experience unexpected patient outcomes. Many within healthcare systems suffer alone after events."

A peer support interaction to know that someone cares can make all the difference.

Scott, S.D., Hirschinger, L.E., Cox, K.R., McCoig, M., Brandt, J., Hall, L.W. (2009). The natural history of recovery for the healthcare provider "second victim" after adverse patient events. Qual Saf Health Care. (18). p.325-330. doi:10.1136/qshc.2009.032870

The Schwartz Center
Dr. Beth Lown

the schwartz center
FOR COMPASSIONATE HEALTHCARE

Our Mission:

To put compassion at the heart of healthcare through programs, education and advocacy

Our Vision:

A world where all who seek and provide healthcare experience compassion

Why Do We Feel It's Not Ok to Not Be Ok?

Key Themes From an Informal Poll of 800 Organizational Managers and Leaders

- Enculturated and trained to put others' needs above our own
- Need to stay strong for those I lead
- Don't want to take time out and further burden my team
- Feels unsafe to report vulnerability for fear of judgment of colleagues/managers
- Shame, stigma, sense of failure associated with mental health needs
- Too exhausted, no time to add one more thing to the list
- Uncovered cost of mental health care
- Lack of responsiveness from leadership when we ask for help

Source: Beth Lown, MD. Poll Done 9.21.2021

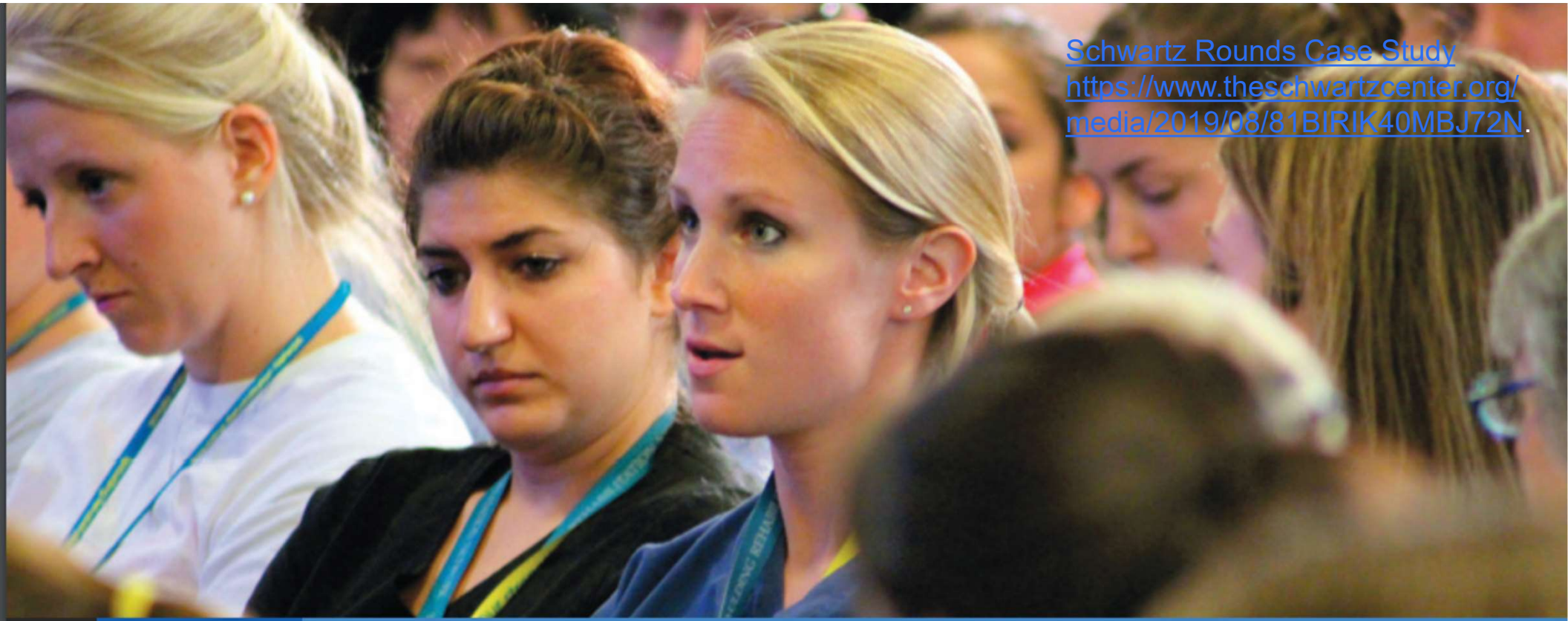
Schwartz Rounds®: Offering Support, Building Community, Mitigating Psychological Distress

Significant correlations between frequency of attendance and outcomes

- Enhanced teamwork, responsiveness, support
- Decreased feelings of stress, isolation

Significant reductions in psychological distress scores (GHQ-12)

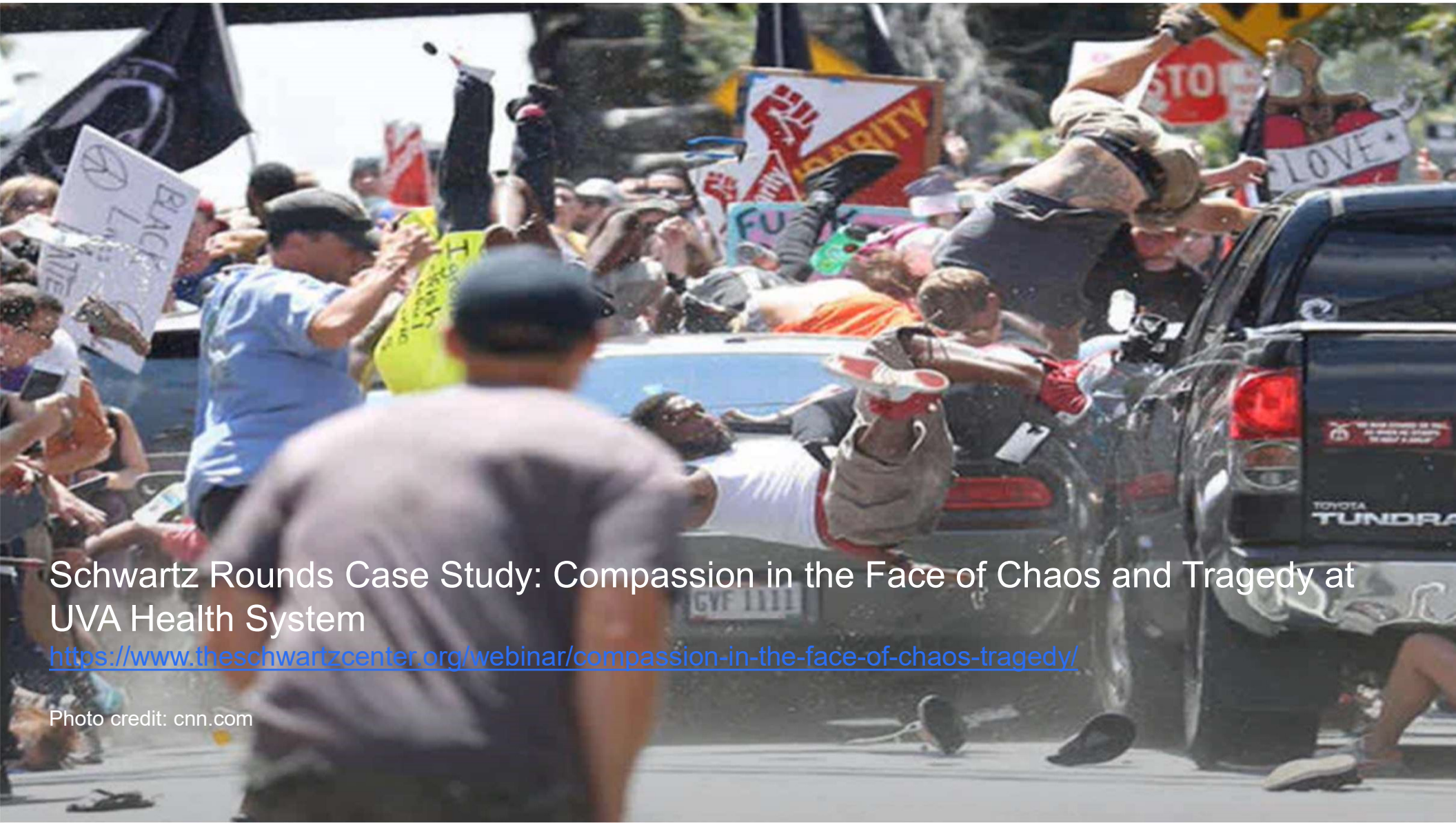
- 13% decrease in scores among participants vs. 3% decrease in non-participants
- Odds of being identified as an individual needing clinical intervention **72% lower for participants.**



Schwartz Rounds Case Study https://www.theschwartzcenter.org/media/2019/08/81BIRIK40MBJ72N.

Using Schwartz Center Rounds® to Help a Community Recover After Tragedy

A CASE STUDY: THE BOSTON MARATHON BOMBINGS



Schwartz Rounds Case Study: Compassion in the Face of Chaos and Tragedy at UVA Health System

https://www.theschwartzcenter.org/webinar/compassion-in-the-face-of-chaos-tragedy/

Photo credit: cnn.com

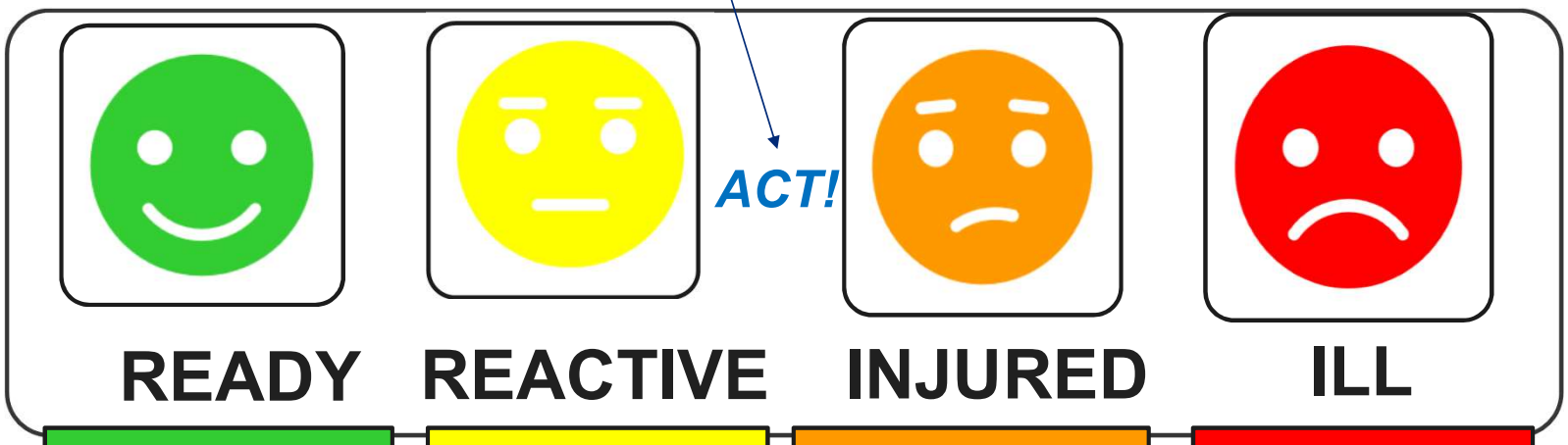
Stress First Aid for the Healthcare Workforce

The Stress First Aid model is an evidence-informed self-care, social and peer support model developed to help those in high-risk occupations assess and respond to stress reactions in an ongoing way.

Studies with frontline workers show improved psychological outcomes, perceived knowledge of coping strategies, connection with social support, reduced self-stigma c/w control groups.[1]

[1] Hooper JJ, et al. *BMJ Open*. 2021;11(5):e044134.

The Stress Continuum



READY	REACTIVE	INJURED	ILL
Optimally functioning; Physically, mentally, emotionally fit; Well trained; Prepared; Motivated; Calm	Low risk mild stress; Feeling irritable, anxious, down; Loss of motivation or focus Transient, resolves without lasting impact	Higher risk stress that may scar; Persistent negative feelings or behaviors; Anxiety, anger, frustration, or numbness, detachment, avoidance	High risk, severe symptoms persist or worsen; Difficulty functioning at home or work Clinical illness, e.g., anxiety, depression, PTSD, SUD

www.theschwartzcenter.org

Closing

Thank you!

We enjoyed our time with you today. Please complete the brief survey immediately following the presentation.

Coming soon: Invitation for Session #4

Presenters:

Gisele Norris – Marsh

- gisele.norris@marsh.com

Linda Jones – Marsh

- linda.jones@marsh.com

Hala Helm – Marsh

- hala.helm@marsh.com

Karen Stein – Trinity Health

- ketelhuk@trinity-health.org

W. Alan Barker – Baylor Scott & White Health

- Alan.Barker@BSWHealth.org

Lisa Havens – Baylor Scott & White Health

- lisa.havens@bswhealth.org

Beth Lown, MD, The Schwartz Center for Compassionate Healthcare

- balown@theschwartzcenter.org

Marsh

Appendix

Resources for Implementing a Care for the Caregiver Program

Betsy Lehman Center for Patient Safety, Peer Support Toolkit. Betsy Lehman Center | Peer Support Toolkit (betsylehmancenterma.gov)

University of Missouri ForYOU program: forYOU Team - MU Health Care

AHRQ CANDOR Tool Kit – Module 6 – Care for the Caregiver

https://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/candor/index.html

Physician support video: https://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/candor/videos/peer-support-physicians.html

Nurse Support video:

https://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/candor/videos/peer-support-nurses.html

References

Betsy Lehman Center for Patient Safety, Peer Support Toolkit. Betsy Lehman Center | Peer Support Toolkit (betsylehmancenterma.gov)

https://www.psqh.com/analysis/clinician-support-five-years-of-lessons-learned/

Scott, S., Hirschinger, L.E., Cox, K.R., McCoig, M., Brandt, J., Hall, L.W. (2009). The natural history of recovery for the health care provider "second victim" after adverse patient events. *Quality Safety Health Care,* 18:325-330. Doi:10.1136/qshc.2009.032870.

University of Missouri ForYOU program: forYOU Team - MU Health Care

University of Missouri Health System, Providing care and support to our staff. for you team. Retrieved from https://www.muhealth.org/documents/oce/forYOUstaff_brochures.pdf