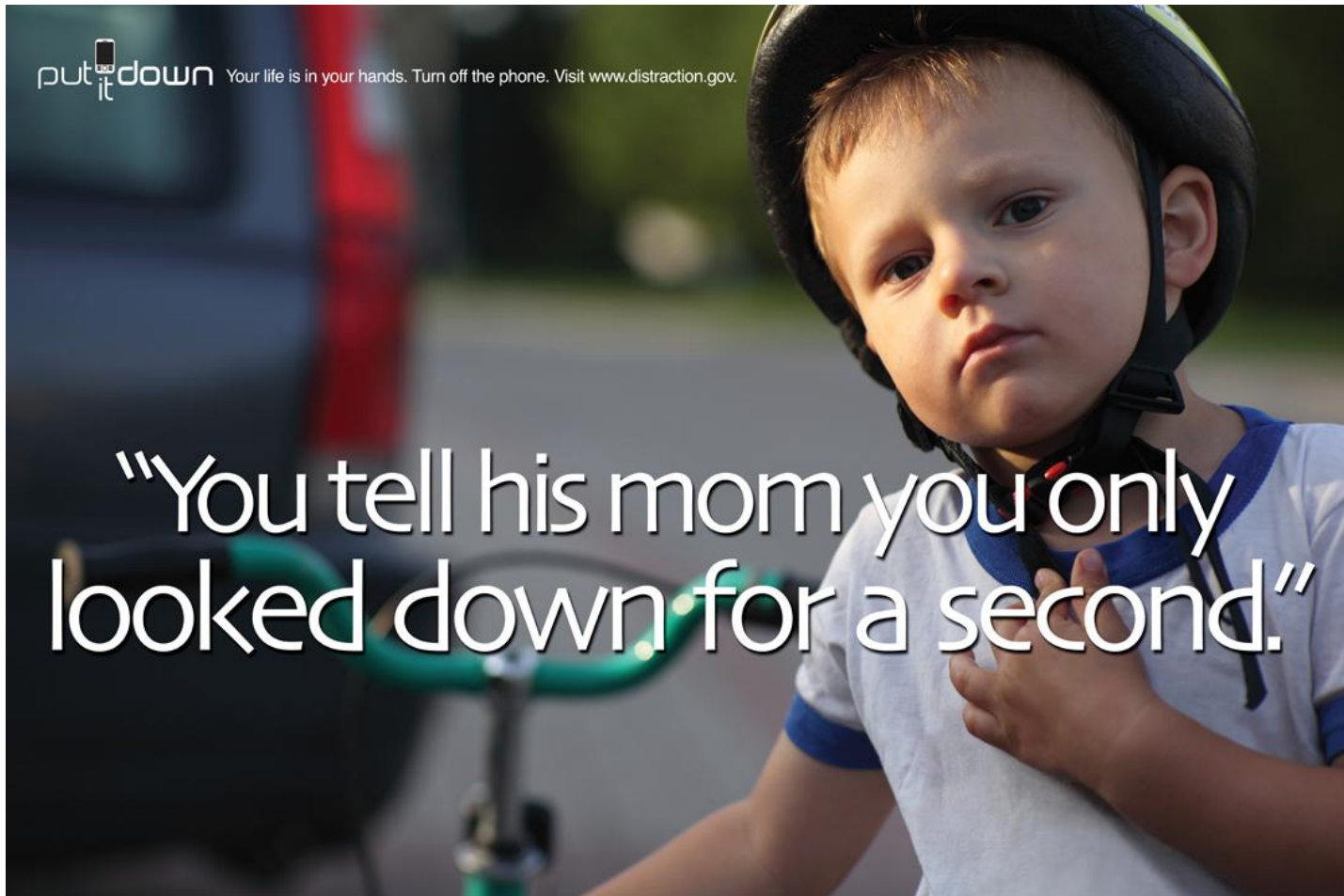


Welcome



"You tell his mom you only
looked down for a second."

Workplace Violence in a Healthcare Setting

Shatter the Silence Conference



Fern Ornelas, charged after a violent disturbance in the emergency department at Elliot Hospital.

By KATHY W. MARCHIONE
New Hampshire Union Leader

— A psychiatric patient held at Elliot Hospital's emergency department while awaiting admission to the state's psychiatric hospital is accused of attacking a security officer Wednesday, repeatedly punching the guard in the face until the officer subdued him with pepper spray and after exchanging blows.



Police: Elliot emergency room patient kept punching
By MARK HAYWARD and DALE VINCENT
New Hampshire Union Leader

MANCHESTER — An Elliot Hospital worker had his jaw broken in four places, lost four teeth and was near death following an alleged attack by a mentally ill hospital patient, according to a police investigation into the Monday assault at the hospital.

impact

- 3 Reportable, Lost time events
- EAP
- Job change requests, including leaving Elliot
- General feeling of insecurity rampant
- OSHA, Police presence in Hospital 5 weeks, Joint Commission Special Investigation
- Governor's Sentinel Event Report
- Ongoing Court Actions

Type 1: Criminal Intent

- The perpetrator has no legitimate relationship to the business or its employees, and is usually committing a crime in conjunction with the violence (robbery, shoplifting, trespassing).

Type 2: Customer/Client

- Customer/client relationships include patients, their family members, and visitors.
- Occurs most frequently in emergency and psychiatric treatment settings, waiting rooms, and geriatric settings, but is by no means limited to these.
- It frequently manifests as verbal and emotional abuse that is unfair, offensive, vindictive, and/or humiliating , but also includes staff being hit or struck by patients (even if the patient is unaware and is reacting to a stimulus).

Type 3: Worker-on-Worker

- Type 3 violence between coworkers is commonly referred to as lateral or horizontal violence.
- It includes bullying, and frequently manifests as verbal and emotional abuse that is unfair, offensive, vindictive, and/or humiliating though it can range all the way to homicide.
- Worker-on-worker violence is often directed at persons viewed as being "lower on the food chain" such as in a supervisor to supervisee or doctor to nurse though incidence of peer to peer violence is also common.

Type 4: Personal Relationship

- The perpetrator has a relationship to the worker outside of work that spills over to the work environment. For example, the husband of a nurse follows her to work, orders her home and threatens her, with implications for not only this worker but also for her coworkers and patients.

Hospital Response

- For Type 2 violence, “Zero Tolerance” is NOT a realistic expectation!
- Still have “Zero Tolerance for internal, staff-to-staff issues (Types 3 and 4)

- Security response within the Hospital:

YEAR	2012	2013	2014	2015
RESPONSES	1261	1417	1608	992

- Since 2011, we have revised our Use of Force policy several times to enable our Security to better protect themselves, Elliot Employees, and Elliot Property

- BERT – Behavioral Emergency Response Team
 - Hospital-wide, 24/7 to respond to behavioral issues in any patient area
 - Team with Psych Nurse and Social Worker for clinical planning
 - (if needed) Security

- **VERY IMPORTANT:** Security use of force is for protection against criminal activity and assault
- Clinical staff directs Security to assist with application of appropriate, clinical staff-ordered, CMS-standard compliant clinical restraints on patients
- BERT responds with Security

- Updated policy on searches, both of patients and of rooms
- Added a full time Manchester Police Department detail to assist in the ED and Hospital
 - Started in 2013 on Friday and Saturday nights
 - Change to 24/7 in 2013

- Security staff regularly addressed by Director of Behavioral Health Department
- Incident debrief with all hospital staff involved
- Specialized incident tracking for spotting trends in response

Evolution of Staff Training

- Cues to Crisis – ED, Behavioral Units
- 8-hour CPI (de-escalation) training - ED, Behavioral Units
- Expanded to house-wide, but voluntary
- 16-hour MOAB – included physical holds and defense – ED, Behavioral Units
- Expanded to house-wide
- Revised CPI, house-wide

- Revised Active Shooter policy
 - Use hospital-based training video
 - Follow Homeland Security guidelines
 - Open forum training and discussion attended by over 2500 staff
 - Security visits and directs discussion and training in each department

- Changed Staffing and Support in the psychological evaluation area of the ED
 - Overseen by Behavioral Health Department Psychiatric Nurses rather than ED Nurses

Policy Highlights

- Recognize different exposures
- Committee Structure – SVP, CNO, departments, off-site services, and home care represented
- Defined under Environment of Care
- General guidelines for hazard assessment and training
- Defined process for program evaluation and resolution

- Policy follows OSHA Guidelines
 - Management Commitment
 - Worksite Analysis
 - Safety and Health Training
 - Program Evaluation and Recordkeeping