



## HSS CASE STUDY

# REDUCING THE RISK OF PATIENT-GENERATED VIOLENCE IN HEALTHCARE

A case study demonstrating how an integrated approach to addressing the problem of violence in healthcare through staff training and adopting environmental controls can significantly improve employee safety business measures and practices and allow staff to focus on providing high quality, patient-focused care.





NEARLY **97%** OF  
METHODIST SPECIALTY  
AND TRANSPLANT HOSPITAL  
(MSTH) CONSIDER THE  
TEAM/ED-SAFE PROGRAM  
A GOOD INVESTMENT  
FOR THEIR HOSPITAL

## EXECUTIVE SUMMARY

### **SITUATION:** The problem of violence in healthcare continues to grow and hospitals and staff struggle to find effective solutions

Violence in healthcare is on the rise. Staff are routinely exposed to aggressive, violent patients and visitors who are often under the influence of drugs and alcohol or are suffering from psychological disorders. The prevalence of violence in the healthcare environment have staff, physicians, and hospital administrators searching for safe and effective solutions, particularly for high risk areas like Emergency Departments.

### **PROBLEM:** Few programs available today are affordable, effective, or proven to mitigate violence in the healthcare environment

Most 'off the shelf' workplace violence programs are ill-equipped to address the particular needs or requirements of individual facilities. The curriculum in most programs is very broad, very expensive and does little to focus on creating a culture of safety within a healthcare specific environment.

Methodist Health System evaluated several alternatives before selecting HSS in 2010 as its partner to improve staff's ability to identify, mitigate and manage workplace violence. HSS's Team/ED-Safe programs offered affordable, proven approaches that helped realize Methodist leaders' goals.

### **RESULT:** Significant improvement in safety measures, greater job satisfaction and improved focus on patient care

HSS partners with every TEAM/ED-Safe client to establish performance metrics most important to the customer. HSS's 4-year study at Methodist Health System demonstrates that TEAM/ED-Safe is effective at significantly impacting both qualitative and financial metrics. Highlights include:

- ▶ A 73% reduction in lost work time due to violence
- ▶ A 28% reduction in the frequency of violence-related employee injury
- ▶ A 27% reduction in requests for outside assistance with de-escalation
- ▶ A 46% improvement in employee engagement scores in those departments that participated in TEAM/ED-Safe

### **SOLUTION:** A comprehensive program tailored to individual healthcare facilities

HSS's TEAM/ED-Safe program is a customized, multi-faceted approach that empowers staff and improves the physical workplace. This program has been shown to reduce the incidence of violence and lost workdays while improving staff engagement and confidence in their work environment. Where generic workplace violence training programs are ineffective in reducing violence in healthcare setting, HSS's TEAM and ED-Safe succeed.

HSS worked with both clinical and administrative leaders from the health system to develop and implement a comprehensive patient-centered aggression management program. The common aim of both Methodist and HSS leadership was to transform the culture from a state of reacting to violent episodes, to a proactive approach in managing the environment by creating a safer work environment.

# A NATIONWIDE CHALLENGE

It is clear that violent behavior in healthcare settings is a continuing, escalating problem. The data to the right illustrate the magnitude of this challenge, and HSS and healthcare providers understand it firsthand. In this section, we examine the types and locations of violent behavior, and the factors driving violence in healthcare.

## ASSAULTS IN HEALTHCARE

Assaults on healthcare workers in 'direct care' occupations were more than double that of any other National Institute for Occupational Safety and Health (NIOSH) reportable occupations, and the rate for protective service employees, such as security personnel, was almost 2.5 times greater than that of healthcare workers.<sup>1</sup> According to the American Society of Safety Engineers (ASSE), healthcare workers reported 2 million lost workdays due to injury in 2011, at a staggering cost of \$13 billion! In fact, violence in healthcare is such a concern that the Joint Commission (TJC) has issued two Sentinel Event alerts since 2009.

## MOST COMMON INJURIES TO MEDICAL STAFF

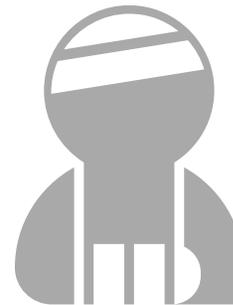
Being bruised or experiencing some form of blunt force trauma is the most frequent type of physical abuse experienced by staff. Verbal abuse, such as cursing, threats and name-calling, is also a significant form of injury. These occurrences contribute to changes in healthcare workers both mentally and physically.

At times, it may be staff, not patients or visitors, who exhibit aggressive behaviors. This may happen in response to a situation that is threatening to staff. Staff may psychologically or physically intimidate patients through behaviors such as verbal abuse and bullying. These types of behaviors have been documented to have a disruptive effect on patient care, safety, and nurse retention and job satisfaction.<sup>2</sup>

### TYPES OF PHYSICAL INJURIES:<sup>2,3</sup>

- ▶ **63% Bruise/Blunt Force trauma**
- ▶ **47% Cuts and Scratches**
- ▶ **26% Sprains**

**28%**  
OF INJURIES  
ARE TO THE  
UPPER BODY  
OR EXTREMITIES



**2 MILLION  
LOST WORKDAYS  
DUE TO INJURY, AT A  
STAGGERING COST OF  
\$13 BILLION!**

<sup>1</sup> Hartley D, Doman B, Hendricks S, Jenkins L. Non-fatal workplace violence injuries in the United States, 2003-2004: a followback study. WORK: A Journal of Prevention, Assessment and Rehabilitation. 2012. In press

<sup>2</sup> HSS, 2014 Study on Workers Compensation Claims for Healthcare Security Personnel

<sup>3</sup> 2011 ENA Emergency Department Violence Study, 2011

## FACTORS CONTRIBUTING TO VIOLENCE IN HEALTHCARE

There are many reasons that violence in healthcare is on the rise. Some have to do with limitations in workspace design and workflow. Others are more deeply rooted in social and public policy. Together, these drivers represent a significant challenge for healthcare leaders and front line staff.

### PATIENTS' USE OF EMERGENCY DEPARTMENTS

There are several circumstances that contribute to inappropriate utilization of the emergency department. For example:

- ▶ Many patients have become accustomed to utilizing emergency departments for primary care.
- ▶ Nationally, an increased number of mental health patients are utilizing emergency departments because psychiatric facilities have closed or reduced beds. These patients are staying longer in the emergency department, and returning sooner without effective treatment.<sup>4</sup>
- ▶ Increasingly police use hospital emergency departments to hold aggressive individuals, and persons who are intoxicated or under the influence of other substances.

### BEHAVIORAL AND MENTAL HEALTH

Emergency departments and psychiatric units remain some of the most dangerous work settings for nurses and medical staff due to patient-centered violence. When an emergency department becomes a psychiatric holding unit, the likelihood of violence is higher.

<sup>4</sup> ACEP Poll, 2014

<sup>5</sup> HSS, 2014 Study on Workers Compensation Claims for Healthcare Security Personnel

<sup>6</sup> Centers for Disease Control, NCHS Data Brief, #102, August 2012

EMERGENCY DEPARTMENTS REMAIN ONE OF THE MOST DANGEROUS WORK SETTINGS FOR NURSES AND MEDICAL STAFF DUE TO PATIENT-CENTERED VIOLENCE.<sup>5</sup>



### EMERGENCY DEPARTMENT WAIT TIMES, CROWDING AND PATIENT FLOW

Patients at U.S. hospitals are experiencing some of the longest wait times in emergency departments' history since these data were first made available. Wait times have gone up more than 25% (since 2003).<sup>6</sup> Crowding and long, extended wait times not only compromise quality care, they can also they can also escalate aggression and violence in healthcare.

### OTHER DRIVING FACTORS INCLUDE

- ▶ Poor environmental design resulting in an unsafe work environment.
- ▶ Lack of proper training or no training at all.



# 25%

## INCREASE SINCE 2003

In the U.S., hospitals will soon report emergency department crowding measures to the Centers for Medicare and Medicaid Services (CMS) in order to receive the full Medicare payment update.<sup>8,9</sup> CMS payment provisions now include five emergency department crowding-related measures, such as the median time from arrival to departure for discharged patients and door-to-diagnostic evaluation by qualified medical professional.

## EFFECTS AND IMPACTS OF VIOLENCE IN HEALTHCARE

- ▶ Turnover and absenteeism related to dissatisfaction with the job. Data continue to indicate a correlation between violence in healthcare and staff turnover and retention of clinical staff. According to one study, 60% of nurses leave their first nursing position with six months of being hired.<sup>7</sup>
- ▶ Reduced focus on patient care.

## LEGISLATIVE CHANGES TO ADDRESS MENTAL HEALTH IN JAILS AND PRISONS

In an effort to change conditions in jails and prisons and lessen the burden on the state's already crowded criminal justice system, Texas passed a legislative bill that includes the "jail diversion" measure. This bill ensures that fewer mentally ill persons are put through the criminal system. The goal is that they will obtain mental healthcare for their underlying condition. However, there are insufficient mental health resources available to both insured and uninsured patients. As a result, many of these individuals do not receive needed mental health services and instead end up in overcrowded Emergency Departments.

Recently, a number of states, such as California, have either proposed or passed legislation to address the growing concern of violence in healthcare.<sup>10</sup> Under the proposed California Senate bill, hospitals would subsequently be required to implement policies to improve security and provide education to staff on recognizing and responding to violence. States such as Pennsylvania and Illinois are also considering such legislation.

## THE IMPACT OF PATIENT-GENERATED VIOLENCE

Healthcare organizations pay a price in many ways when patient-generated violence occurs. There are the direct financial costs resulting from workers compensation claims when staff or physicians are injured. There are also financial and non-financial impacts from staff turnover and absenteeism related to violence. The lingering psychological and physical effects of patient-generated violence take a toll on staff and, in turn, patient care. Methodist Healthcare System experienced these problems, and partnered with HSS to tackle the challenge of patient-generated aggression and violence.

<sup>7</sup> Beecrot, Kunzman & Krozek, 2001

<sup>8</sup> Medicare Program: Hospital Inpatient Prospective Payment System. Federal Register 2012 IPPS Final Rule 2001:51628

<sup>9</sup> Medicare Program: Outpatient Prospective Payment System. Federal Register 2011 OPSS Final Rule; 2010

<sup>10</sup> CA SB 1299



## AT ISSUE:

**The lingering psychological and physical effects of patient-generated violence take a toll on staff and, in turn, patient care. Methodist Healthcare System experienced these problems, and partnered with HSS to tackle the challenge of patient-generated aggression and violence.**

**60%**

**OF NURSES LEAVE THEIR FIRST NURSING JOBS  
WITHIN THE FIRST 6 MONTHS OF BEING HIRED**





**382** LICENSED  
BEDS

**75** BED IN-PATIENT  
BEHAVIORAL  
HEALTH UNITS

## CASE STUDY: METHODIST HEALTHCARE SYSTEMS

Methodist Specialty and Transplant Hospital (MSTH) is a hospital system with 382 licensed beds, and is widely acclaimed throughout the southwest for its specialized medical services, from liver and kidney and kidney/pancreas transplants to its dedicated 75 bed in-patient behavioral health units. At MSTH, roughly one third of all ED visits are behavioral health-related. About two thirds of all behavioral health evaluations throughout the seven emergency departments are completed at MSTH. The hospital has an extremely busy sexual assault program, and experiences a high number of emergency-detained, police-escorted patients. A violence-related incident in the emergency department at MSTH prompted leaders to consider new approaches.

### THE CHALLENGES

Some of the challenges faced by staff at Methodist included:

- ▶ Lost time injuries due to patient generated violence
- ▶ A high number of restraint episodes, near misses, and assaults
- ▶ Competing mandatory staff training requirements
- ▶ Perception of constant alertness-“fight or flight” mode-leading to staff burnout, resulting in decreased patient satisfaction results
- ▶ Noncompliance with education requirements (initial and annual) due to lack of relevance of material towards their high-risk work area and limited course offerings
- ▶ High turnover due to staff not feeling safe in their work environment and not feeling administration was concerned about their safety

### THE OPPORTUNITIES

1. Change the culture from reactive to proactive prevention/mitigation of violence in high-risk areas
2. Improve medical staff perception of educational preparation for violence prevention
3. Improve the safety of the Emergency Department through implementation of environmental controls and new policies
4. Increase the number of hands-off options for neutralizing the threats of an escalation in violent patient behavior
5. Reduce the number of incidents (restraint episodes, near misses, assaults)

MSTH sought a program that focused on improving the work climate by creating a culture of safety, reducing and managing costs, offering high quality and sustainability, and optimizing staff time with patients.

## THE GOALS

The primary goal of the Methodist Health System initiative was to change the reactive nature of staff response to violence in their work environment. This represents a major cultural shift from a reactionary posture to one of proactive violence prevention and mitigation.

Methodist sought a program that focused on the work climate; specifically, creating a culture of safety, with an emphasis on maintaining therapeutic relationships with patients. Methodist was also seeking a high-quality program at a reasonable cost. Other programs considered were not selected because they were not specific to healthcare or high risk areas, such as the Emergency Department. The material was too broad and were expensive. Methodist evaluated cost in several ways and found that with these other programs, the initial and ongoing costs were high, as was lost productive time. The results were ineffective and there was a considerable loss of time.

## THE APPROACH

HSS has years of experience in refining, implementing, and measuring violence mitigation programs in partnership with our healthcare clients. We know that it is critical for high risk areas to develop a culture of proactive management with violence-related risks, not only through physical changes to the environment but also by educating staff on techniques to mitigate aggressive behaviors.

There are four stages to implement an effective healthcare-specific workplace violence programs; Defining the Approach, Design and Implementation, Educating Staff, and Reporting. Partnering with MSTH and collaborating with MSTH leadership early in the process led to the design and development of a tailored program that aligned with the unique challenges MSTH faced.

The program took a proactive, multi-tiered approach to managing the physical space as well as managing the aggressive and violent patient. This approach aligned HSS's expertise with the priorities of Methodists' leaders, including addressing risk factors of potential violence, verbal de-escalation techniques, environmental controls, staff training, policies and practices, and staff response options. A complete risk assessment of high-risk areas was conducted by HSS, with recommendations to incorporate environmental design changes into the work environment.

# 1

## DEFINING THE APPROACH

- Stakeholder analysis
- Facility/worksite analysis
- Leverage best practices
- Tailor to facility needs
- Establish key metrics

# 2

## PARTNERSHIP & INTEGRATION

- Partner and integrate with identified high risk work areas to reduce risks
- Practical resources and job aids

# 3

## EDUCATING STAFF

- Benefits and value
- Training
- Administration
- Reporting and expectations

# 4

## REPORTING

- Stakeholder updates
- Dashboards & Reports

**This approach resulted in significant measurable results at Methodist Healthcare Systems. In a four year study period, TEAM/ED-Safe resulted in:**



#### **PRE-PROGRAM SURVEY**

The survey was designed to gather baseline background data and staff feedback about knowledge and skill gaps related to their handling of workplace violence incidents before implementation of TEAM/ED-Safe. The survey data provided useful information for tailoring the content and the delivery of the material to the unique needs of those attending the training.

#### **CHECKS FOR KNOWLEDGE THROUGHOUT THE PROGRAM**

This component consisted of periodic written and verbal knowledge checks. Staff completed two written competency reviews and a hands-on demonstration that is assessed by the facilitator. For those who participate in the e-learning portion of the program, the knowledge checks are a component of the online approach, which also includes immediate feedback to the learner based on their responses.

#### **POST-COURSE EVALUATION**

This evaluation gathered data and measures opinions from staff upon completion of the training program. The results are communicated and shared with administration and leadership to demonstrate staff reaction and learning measures

#### **BUSINESS IMPACT MEASUREMENT**

Measurement of program effectiveness is a built-in component of TEAM/ED-Safe. A review and analysis of staff and patient injury data, patient satisfaction scores, number and frequency of requests for outside de-escalation assistance, employee engagement survey scores, and an analysis of business measures, such financial return, employee turnover, satisfaction and retention data, and staff productivity measures were taken into account.

**As an administrator, it is my responsibility to ensure my staff have the tools they need to allow their complete focus on patient care. ED-Safe has given us that tool...Knowledge, training ownership of our environment.**

## THE RESULTS

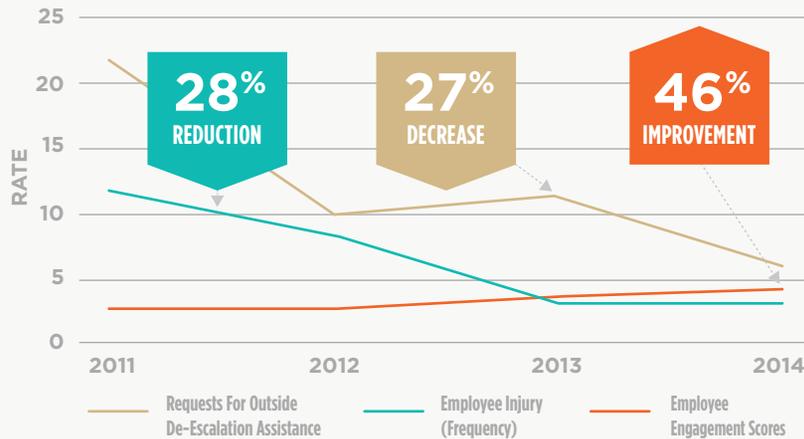
Beginning in 2010, HSS worked with both clinical and administrative leaders from the Methodist Healthcare System with a goal to develop and implement a comprehensive patient-centered aggression management training program. Through a defined approach, including a thorough stakeholder analysis and risk assessments of the high risk work areas and work practices, a pilot program was introduced in a single facility. The program and results were monitored over a period of two years, and based on the program's proven success, system leaders expanded it to include all seven Methodist Emergency Departments in San Antonio.

After adopting the HSS TEAM/ED-Safe programs, as shown in figure 1, over a three year period, the results are impressive. MSTH achieved a 28% decline in the frequency of employee injuries related to patient-generated violence, a decrease of (27%) in requests for outside de-escalation assistance, an improvement of 46% in employee engagement scores, an improvement of 44% in employee participation rates in violence awareness training, an improvement in employee productivity by attending a comprehensive one-day program compared to a two or three day program, and a decrease of 73% in lost work time due to patient generated violence.

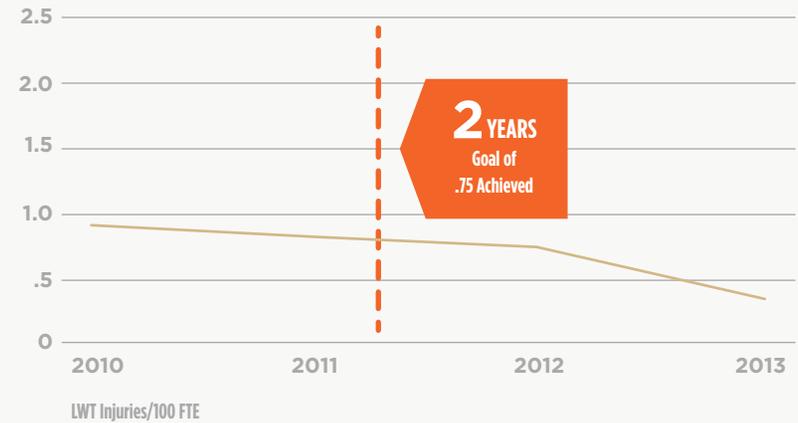


Figure 1

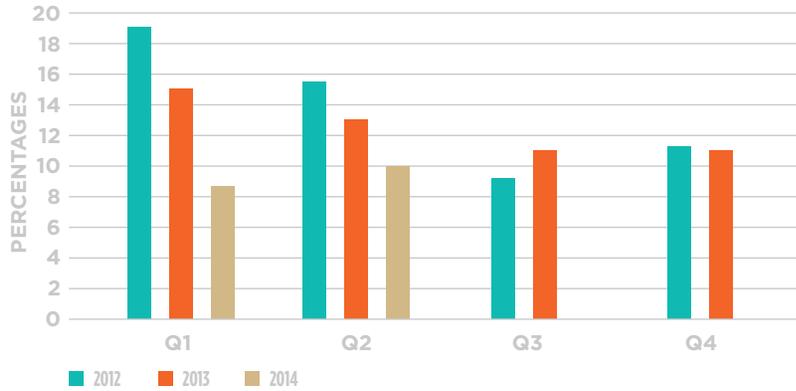
### EMPLOYEE IMPACTS ON SERVICE UTILIZATION, EMPLOYEE INJURIES AND EMPLOYEE ENGAGEMENT



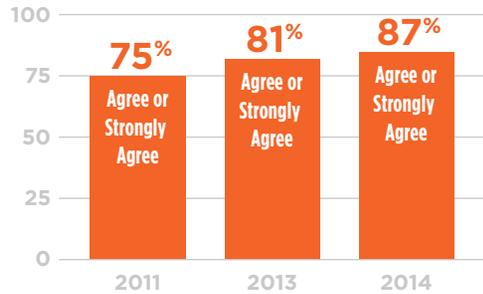
### SUBSTANTIAL DECREASE IN LOST TIME INJURIES DUE TO PATIENT-GENERATED VIOLENCE: 2010-2013



**POSITIVE IMPACT ON HOSPITAL TURNOVER**



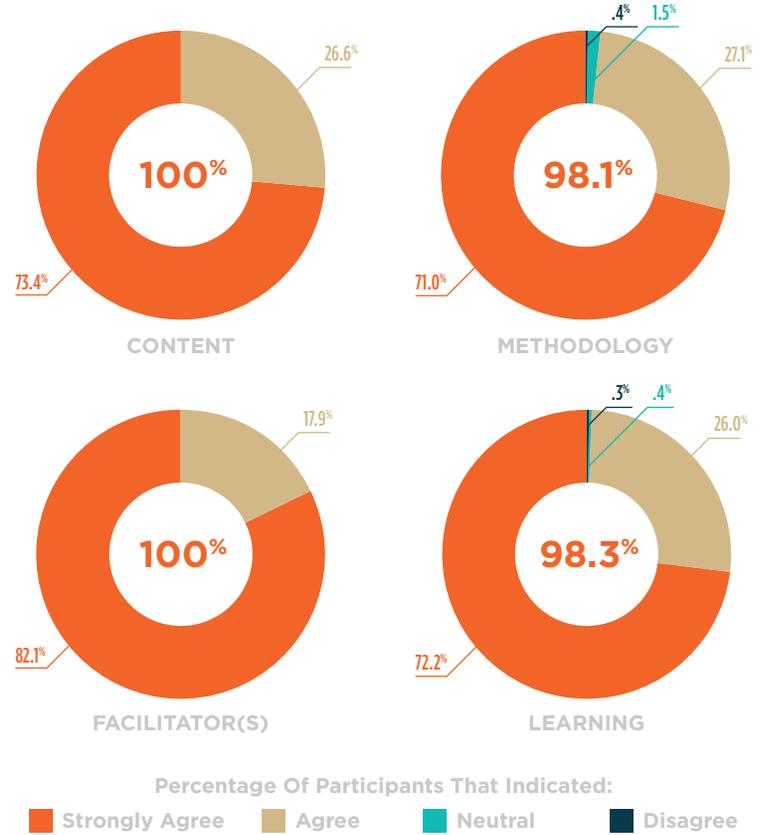
**IMPROVEMENT IN EMPLOYEE PERCEPTION OF STEPS TAKEN TO PROTECT EMPLOYEES' PHYSICAL SAFETY**



**12%**  
IMPROVEMENT  
WITHIN 2 YEARS

2011: Top employee engagement survey improvement opportunity  
2012: Top employee engagement survey strength

**EFFECTIVENESS OF THE PROGRAM**



**96.9%**

MSTH participants indicated this program was a good investment for the hospital.

**WHAT ARE THE MSTH PARTICIPANTS SAYING?**

“AFTER 28 YEARS IN NURSING, THIS IS THE BEST (WORKPLACE VIOLENCE) PROGRAM I HAVE BEEN THROUGH.”

Emergency Department RN

# THE TEAM/ED-SAFE PROGRAMS

The TEAM® (Techniques for Effective Aggression Management) and ED-Safe™ programs are healthcare-specific violence intervention trainings that take a proactive, multi-tiered approach to managing the environment as well as de-escalating the aggressive and violent individual. Together, these programs are designed to help create a culture of safety through prevention and mitigation strategies for all sizes and all trauma levels of healthcare organizations.

TEAM and ED-Safe educate staff about how to secure their space and manage their environment. The multidimensional program focuses on environmental controls, staff response, developing and implementing best practices and policies, and staff education. TEAM/ED-Safe participants are better able to recognize, understand, and make decisions that allow them to pro-actively manage environmental changes in their work areas.

## CULTURE OF SAFETY

The emphasis of TEAM/ED-Safe is on empowering staff to shift from a culture of reacting to threats of violence or aggression in the workplace, to having the tools and skills to better identify, mitigate and manage these threats. The TEAM/ED-Safe approach offers both physical workplace improvements as well as practical, proven staff education. TEAM/ED-Safe empowers staff through knowledge, skills, attitudes and behaviors, thus enabling them to be more confident in how they interact with and manage aggressive and patients.

## PHYSICAL WORK ENVIRONMENT IMPROVEMENTS

HSS knows that violence in healthcare need not be accepted as “just part of the job.” Playing two different roles as a provider — that of a patient-focused caregiver and a personal safety specialist — is difficult. It is important that staff recognize and understand that these roles are not mutually exclusive and that by finding a balance, staff can focus on providing quality patient care without having to worry about their personal safety.

Statistical data associated with creating behavioral changes support the concept that managing the environment pro-actively is much safer than allowing the environment to dictate staff response. In the ED-Safe program, we advocate and provide for a system of visual cues and audible sounders to alert staff to elevated safety risks. In this workable, practical manner, staff gain control over and improve protection of their work environment. Although statistics will vary, it is not uncommon to see the following results based on what one early adopter organization learned about pro-actively managing the environment.

MSTH implemented several visual and audio cues within the emergency department. These cues alerted staff of an elevated safety risk within their environment, enabling staff to take proactive steps to mitigate safety risks. In the first year after implementing the program, nurse managers changed the safety status of their emergency department forty-three times. Although the length and severity of the problem varied, the results did not. During elevated safety status, not one staff member, patient or visitor was injured, and staff reported feeling in charge of their work environment.



### ENVIRONMENTAL CONTROLS

- Environmental Design
- Access Control
- Visible Security Presence

### RESPONSE

- Local Emergency Services Participation
- Cornerstone Of Response

### TRAINING

- Educated & Engaged Staff

### PRACTICES

- Effective Through-put Processes

### POLICIES

- “At Risk” Patient Care Plan





## METRICS UTILIZED BY PAST & PRESENT CLIENTS INCLUDE:

- ▶ Financial return
- ▶ Employee engagement
- ▶ Patient satisfaction
- ▶ Productivity
- ▶ Turnover and retention
- ▶ Employee injury (frequency and cost)
- ▶ Program effectiveness
- ▶ Reduction in calls for outside de-escalation assistance

## EFFECTIVE, ACCESSIBLE WORKPLACE VIOLENCE TRAINING

Workplace violence training has often been limited to employees who can attend a classroom event. This makes it difficult, not to mention expensive, to reach employees who are geographically dispersed or whose schedules make it inconvenient for them to attend a classroom session.

Technology-based learning programs, such as the TEAM Essentials e-learning program, can provide the basic skills training on verbal de-escalation techniques to employees who are not able to attend a classroom session. Employees are able to participate in this dynamic and engaging program, including video vignettes and a simulation in which participants work through various scenarios, testing their skills at verbally de-escalating an aggressive patient. Staff can access this course at their convenience, as long as they have an internet-connected device.

HSS's e-learning option is not a complete solution for workplace violence training. The training is more effective when combined with personal forms of instruction. Therefore, the TEAM and ED-Safe program uses a blended approach. For example, staff complete the Essentials e-learning course as a per-requisite to the classroom portion. This approach reduces training costs and the overall time needed for staff to complete the training, and shortens the amount of time staff are away from their core job functions. It also assures that staff arrive at the TEAM/ED-Safe classroom event with a common understanding of terms and takes advantage of the unique benefits of engaging with take in the class and a live instructor.

## PROGRAM EFFECTIVENESS

Hospital administrators expect to know if a program is effective, but may not be sure how to go about measuring the results. HSS consults with each client to establish measures prior to program implementation, to ensure that they fit the unique needs of each organization.

## ABOUT HSS

HSS Inc. is America's premier specialized security partner. HSS is the nation's leading security partner and has been raising the industry standard since 1967. We are the premiere security leaders in two high risk industries: healthcare and aviation. Healthcare is our company heritage and we are proud to be the only security services provider founded by hospitals. We offer turnkey security solutions with a full array of value-added services that are innovative, cost-effective and patient-focused for today's most pressing healthcare security issues.

What sets us apart from our competitors is our continual drive at enriching our client partnership. We create world class customer experiences to enhance the value of our clients' organizations. No other firm can rival the experience, expertise and specialized training of the HSS team. After 45+ years all of our founding member hospitals remain HSS customers. We work to maintain an unprecedented 95%+ retention rate and we succeed because we care - our partnerships speak volumes about our integrity and commitment. We strive to see ourselves through our clients' eyes and to anticipate their every need, every time.

**FOR INFORMATION, VISIT US AT [WWW.HSS-US.COM](http://WWW.HSS-US.COM) OR CALL US AT 877-791-3080**

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