



ZUCKERBERG
SAN FRANCISCO GENERAL
Hospital and Trauma Center

Preventing Workplace Violence

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San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



San Francisco Department
of Public Health

January 29th Townhall on WPV

Goals

- Safety is our #1 priority.
- Acknowledging our problem.
- Listening to staff.

Panel

- Jeff Critchfield
Care Experience
- Tess Marstaller
Med/Surg, Risk Management
- Brenda Barros
Patient Access
- Bridgette Hargarten
Emergency Department
- Trevor Lindsay
Psychiatry, BERT

We are failing!

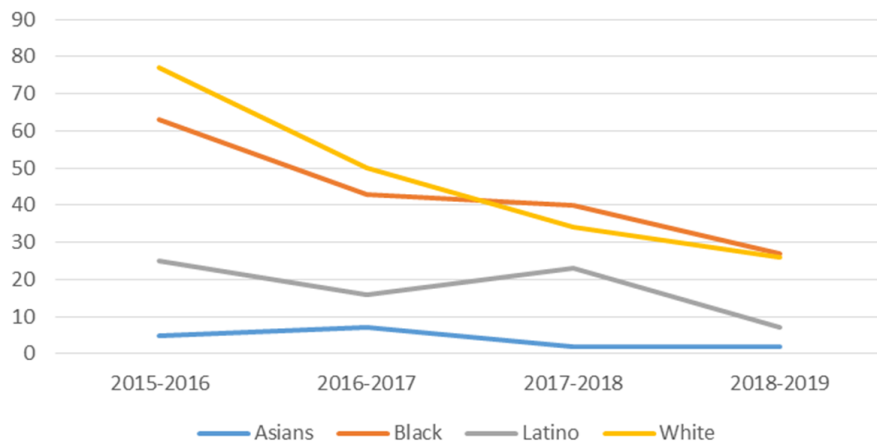
- Batteries and assaults account for 86% of reported crime on campus.
- Despite reduction in use-of-force incidents, disparities persist.
- We have not trained everyone. And when we did, we trained departments equally instead of equitably.
- Prevalence of under-reporting is creating an unclear picture.

What is happening?

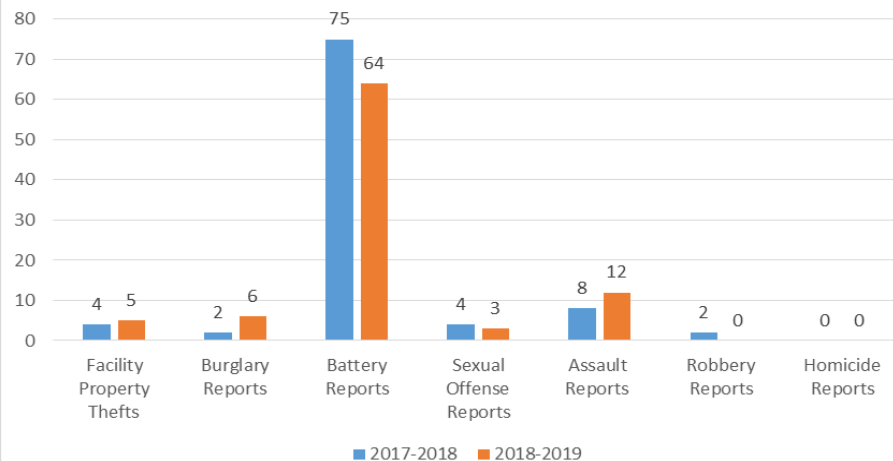
Nationally

- According to American College of Emergency Physicians 70% of emergency room nurses and 47% of emergency room physicians have been physically assaulted at work

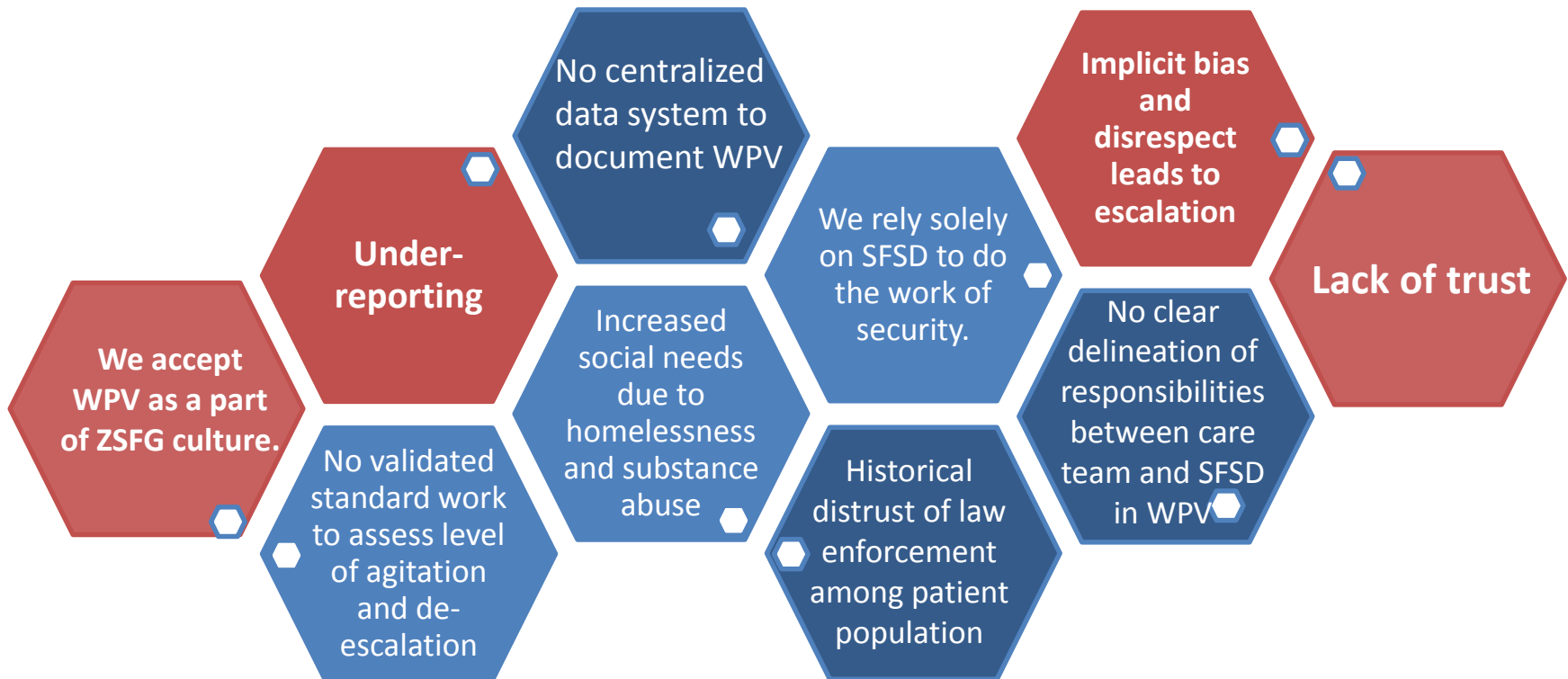
Yearly Use of Force by Race/Ethnicity



Serious Incident Categories by Year



Why is this happening?



What have we done thus far?

People

- Behavioral Response team (BERT) in B25 and 4A rounding M-F 8-4.
- Recruiting Psych Techs in the ED.
- Developed and maintained working partnerships with SFPD and UCPD we meet quarterly.

Process

- Increased SFSD staffing by 4.2 FTEs that are dedicated to patrolling all campus-hospital stairwells.
- Quarterly review of security incidents to raise awareness, recommend improvements, and advocate for resources.
- Established threat management team including ability to flag history of violence in EPIC.

Tools

- Increased security technology: access control, cameras, duress buttons and physical barriers to secure stairwells and campus tunnels.

Data

- Reported crimes against persons and property have decreased 57% over a 5-year period.
- Every Tuesday morning at 7am, hospital leadership reviews every report of WPV (workplace violence)

We need to do more

Training

- Establish training needs based on risk
- Expand (CPI) Crisis Prevention training program
- Integrate trauma informed systems

Resources

- Ramp-up Equity lounge to share information with staff working night shift
- Create more spaces for staff to discuss critical issues
- Record and stream these townhalls for staff to view

Tools

- Implement Broset checklist and PDSA in critical areas
- Deploy WPV investigation toolkit to learn from and prevent incidents
- New UO system

Data

- Centralize ownership of data analysis in Quality Department.
- Evaluate batteries and assaults monthly through UOs and SFSD reports

Compassionate care doesn't mean accepting abuse.

- **ZSFG is committed to maintaining a workplace free from threats and acts of intimidation and violence.**

Workplace violence is classified as:

- **Intimidation**: A physical or verbal act toward another person, the result of which causes that person to feel humiliated or reasonably fear for his/her safety or the safety of others.
- **Threat of Violence**: A physical or verbal act which threatens bodily harm to another person or damage to the property of another.
- **Act of Violence**: A physical act, whether or not it causes actual bodily harm to another person or damage to the property of another.
- Acts of aggression, either verbal or physical – are unacceptable, whether delivered by patients, visitors or colleagues. These incidents have a serious effect on the wellbeing of the staff and their ability to care for their patients.

- **All reported incidents will be investigated and if warranted, shall be reported to law enforcement and Cal-Osha.**

What is our role?

This is a shared responsibility. Prevention starts with each of us.

- File UOs every time
- Utilize new resources
 - WPV log
 - Broset checklist
 - WPV investigation toolkit
- Attend new Crisis Prevention and Trauma-Informed Systems trainings
 - Teams with high level risk – 6.5 hours
 - Teams with medium level risk- 4.5 hours
 - Teams with low level risk – 2 hours
- Apply to be a lead trainer or trainer for your department
- Participate in improvement event

2020 milestones

When	What
January	<ul style="list-style-type: none">• First Townhall• Implemented new WPV log
February	<ul style="list-style-type: none">• Deploy Broset checklist and WPV investigation toolkit• Send out FAQ based on Townhall feedback
March	<ul style="list-style-type: none">• Improvement Event focused on WPV - Week of March 30th• Metrics: use of force, batteries/assaults and staff injuries
April	<ul style="list-style-type: none">• Deploy improvement event deliverables• Update staff through Equity Newsletter• Update Health Commission
June	<ul style="list-style-type: none">• Evaluate efficacy of new WPV tools• WPV Committee Open Session
August	<ul style="list-style-type: none">• Update staff through Equity Newsletter• Update Health Commission
September	<ul style="list-style-type: none">• Adjust new WPV tools based on feedback from staff and patients• WPV Committee Open Session
December	<ul style="list-style-type: none">• Second Townhall