Preventing Workplace Violence

Tosan O. Boyo
Chief Operating Officer
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.
• According to American College of Emergency Physicians 70% of emergency room nurses and 47% of emergency room physicians have been physically assaulted at work

Nationally
Why is this happening?

Under-reporting:
- We accept WPV as a part of ZSFG culture.
- No validated standard work to assess level of agitation and de-escalation

No centralized data system to document WPV
- Increased social needs due to homelessness and substance abuse
- Historical distrust of law enforcement among patient population

Implicit bias and disrespect leads to escalation
- We rely solely on SFSD to do the work of security.

No clear delineation of responsibilities between care team and SFSD in WPV
- Lack of trust

Historical distrust of law enforcement among patient population
- We rely solely on SFSD to do the work of security.

Implicit bias and disrespect leads to escalation
- No clear delineation of responsibilities between care team and SFSD in WPV
What have we done thus far?

<table>
<thead>
<tr>
<th>People</th>
<th>Process</th>
<th>Tools</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Behavioral Response team (BERT) in B25 and 4A rounding M-F 8-4.</td>
<td>• Increased SFSD staffing by 4.2 FTEs that are dedicated to patrolling all campus-hospital stairwells.</td>
<td>• Increased security technology: access control, cameras, duress buttons and physical barriers to secure stairwells and campus tunnels.</td>
<td>• Reported crimes against persons and property have decreased 57% over a 5-year period.</td>
</tr>
<tr>
<td>• Recruiting Psych Techs in the ED.</td>
<td>• Quarterly review of security incidents to raise awareness, recommend improvements, and advocate for resources.</td>
<td></td>
<td>• Every Tuesday morning at 7am, hospital leadership reviews every report of WPV (workplace violence).</td>
</tr>
<tr>
<td>• Developed and maintained working partnerships with SFPD and UCPD we meet quarterly.</td>
<td>• Established threat management team including ability to flag history of violence in EPIC.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# 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

---

2/21/2020

Zuckerberg San Francisco General Hospital and Trauma Center
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
<table>
<thead>
<tr>
<th>When</th>
<th>What</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>• First Townhall&lt;br&gt;• Implemented new WPV log</td>
</tr>
<tr>
<td>February</td>
<td>• Deploy Broset checklist and WPV investigation toolkit&lt;br&gt;• Send out FAQ based on Townhall feedback</td>
</tr>
<tr>
<td>March</td>
<td>• Improvement Event focused on WPV - Week of March 30&lt;sup&gt;th&lt;/sup&gt;&lt;br&gt;• Metrics: use of force, batteries/assaults and staff injuries</td>
</tr>
<tr>
<td>April</td>
<td>• Deploy improvement event deliverables&lt;br&gt;• Update staff through Equity Newsletter&lt;br&gt;• Update Health Commission</td>
</tr>
<tr>
<td>June</td>
<td>• Evaluate efficacy of new WPV tools&lt;br&gt;• WPV Committee Open Session</td>
</tr>
<tr>
<td>August</td>
<td>• Update staff through Equity Newsletter&lt;br&gt;• Update Health Commission</td>
</tr>
<tr>
<td>September</td>
<td>• Adjust new WPV tools based on feedback from staff and patients&lt;br&gt;• WPV Committee Open Session</td>
</tr>
<tr>
<td>December</td>
<td>• Second Townhall</td>
</tr>
</tbody>
</table>