

Workplace Violence Training: One Health Care System's Approach to the New Law

Lawson Stuart
Director, Clinical Education

Karen Jones
Senior Director, Patient Care

Andrew Opland
Safety, Security & Emergency Management



Policy, Planning & Curriculum Development

- *Lawson Stuart*



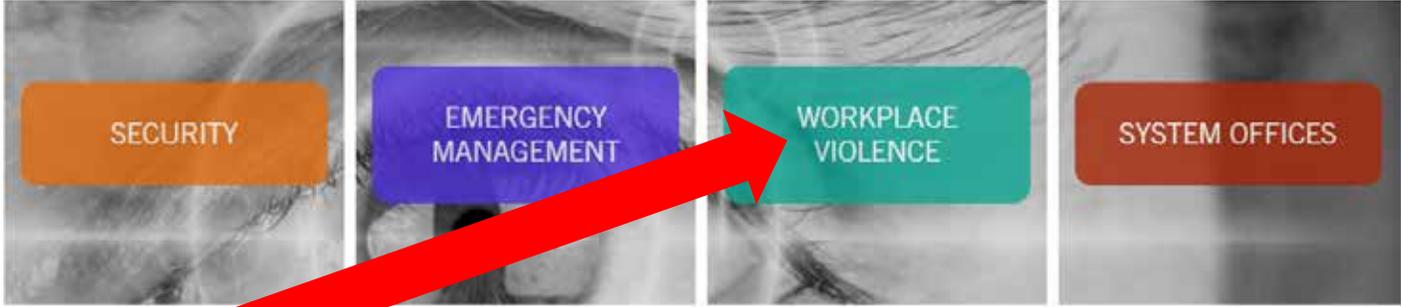
Dignity Health™



**Dignity Health
Medical Foundation™**

Preventing Workplace Violence

Large Enterprise Implementation Planning



**Workplace
Violence
Section &
Resources**

MISSION & VALUES



PURPOSE & RESPONSIBILITIES



SSEM ORG CHART



DIGNITY HEALTH - WORKPLACE VIOLENCE TOOLS

- YOUR WPV INSTRUCTORS ?
- DIGNITY HEALTH'S WPV TRAINING AVADE
- GENERAL DOCUMENTS & RESOURCES
- GENERAL EMPLOYEE VIOLENCE REPORTING
- PERSONAL SAFETY TECHNIQUES VIDEOS
- WORKPLACE VIOLENCE LOG
- AVADE INSTRUCTOR RESOURCES

Forming a Multidisciplinary Task Force

- **Safety & Security Leadership**
 - 1 VP of Safety, Security & Emergency Preparedness
 - 1 Hospital Director of Security
 - 1 Clinic-System Director of Security & Preparedness
- **Nursing Leadership**
 - 1 Hospital Chief Nurse Executive
 - 1 System Chief Nurse Executive
- **Behavioral Health Leadership**
 - 1 Behavioral Health Hospital President
- **Education Leadership**
 - 2 Regional Directors of Education
 - 2 Clinical Educators
 - 2 Frontline Instructor-Trainers
- **Risk Management Leadership**
 - 1 System Risk Manager
- **Labor Representation**
 - All unions invited to provide a rep
 - Only CNA provided a rep
 - Actively engaged throughout

Previous Approach

- **CPI had been Dignity Health's vendor-partner**
- **Semi-Annual Training**
 - **On-Line Refresher Training in Between**
- **CPI Certified Instructors**
- **Materials Costs**
- **Instructor Re-Certification**
- **Previously Compliant with Fed & Cal-OSHA**
 - **CA AB 508 / H&SC 1257.7 Compliant**



**Dignity Health Gap Analysis Jan-2016
Concluded CPI Would Not
Meet the Organization's Future Needs**

California Senate Bill 1299: A complex task

- **California SB 1299 – A Review**

California, in its latest effort to protect clinicians, recently enacted SB 1299 requiring numerous standards to be met and is designed to hopefully **reduce incidents of violence**. In summary, this legislation mandates covered healthcare providers focus their efforts on specified areas including:

- **Workplace Violence Prevention Plan** – Healthcare providers are required to adopt a **workplace violence protection plan** as part of the hospital's **injury and illness prevention plan**. The plan must always be in effect and applies to all patient care areas including in and outpatient facilities and clinics.
- **Reporting** – To meet mandated reporting requirements of violent incidents and to post such incidents on their website; included in this definition is **physical force against a hospital employee by a patient or a person who is a companion of a patient**, that results in, or has a high likelihood of resulting in, **injury, psychological trauma, and stress** regardless if injury was sustained; the use of a firearm or other dangerous weapon must be included as well; violent incidents against employees must be documented and records maintained for at least five years; healthcare provider must report violent incidents resulting in injury or if a firearm was used or other dangerous weapon against a hospital employee regardless if an injury occurred; or, incident resulted in an eminent threat; the hospital shall report the incident to the division within 24 hours. All other incidents shall be reported within 72 hours.

California Senate Bill 1299: A complex task (cont.)

- **Training** – To provide **education and training for all staff**, including temporary or contingent staff, who give direct patient care; training must be delivered at least annually with interactive questions and answers between staff and the trainers; topics are to include how to recognize the potential for violence, when to seek assistance to prevent or respond to violence; and, how to report to law enforcement.
- **Infrastructure** – Must be in place to ensure **sustainability** and include **resources to cope with the aftermath of violence**; a system for responding to violence and subsequent investigation needs to be included.
- **Partnerships** – Must allow unions/bargaining units to be viewed as a collaborative partner, Staffing models designed to prevent violence must be established; there needs to be the presence of “**sufficient security measures**” including alarms, staffing, security personnel, response protocols and crime prevention through environmental design (CPTED).
- **Assessment/Monitoring** – Provide an **assessment of specific units** and their potential inclination towards a violent event; assess program impact and needs **at least annually** and adjust where and when necessary.

<https://www.premierrisksolutions.com/navigating-complexities-california-sb-1299-mean-states/> Cinfo, Richard 7/2017

Interpreting Statute & Regulation

- **SB1299**
- **Title 8, Section 3342**
- **Key Components**
 - **Scope of Application**
 - **Hospitals In – Clinics Out**
 - **Employees In – Contractors, Students & Volunteers Out**
 - Contractor Definition?
 - **Awareness for All**
 - **Additional Training for High-Risk**
 - **Something in Between?**
 - **Must be Paid Time**
 - **Practice with Co-Workers**

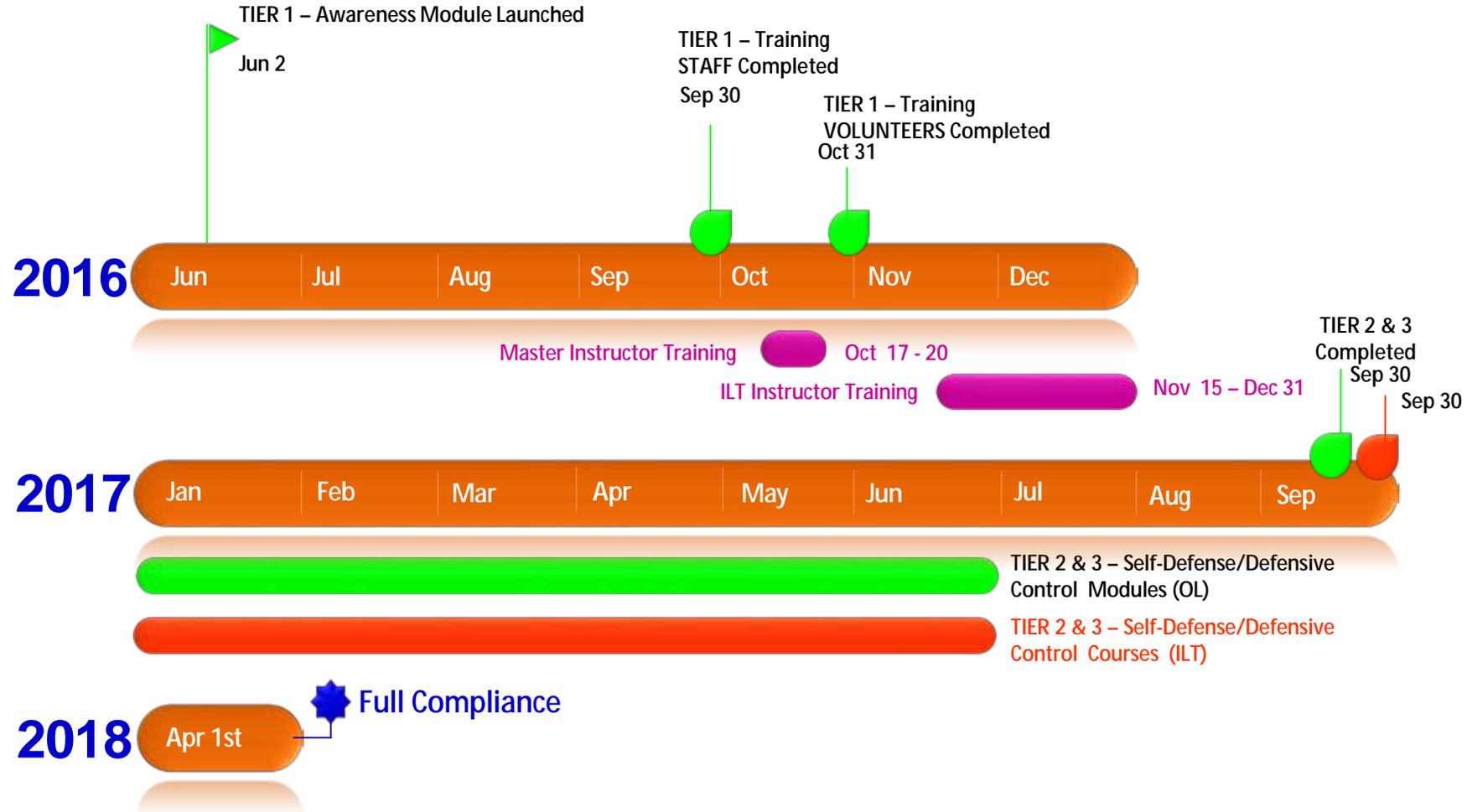


Evaluating the Impact

- **Much Broader Application**
 - *Some Content for All*
 - *All Content for some*
- **Training for On-Boarding Staff**
- **Training for Existing Staff**
- **Implementation will Amount to a “Re-Set” of the Organization’s Program**
- **Compliance will be Transitional**
- **Higher Organizational Costs – Especially in Year 1**



Implementation Timeline



Dignity Health – Workplace Violence Policy Excerpt

- c. Training required:
 - i. Tier 1 – All personnel – 67,000+
 - ii. Tier 2 – All primary bedside care-givers – (~ 55%) 36,850+
 - iii. Tier 3 – Personnel in defined high-risk settings – (~15%) 10,050+
- d. Assessment procedures to identify and evaluate security risk factors for workplace violence:
 - i. Security Program Assessment conducted annually by the security department.
- e. Assessment procedures to identify and evaluate patient-specific risk factors and assess visitors in situations where disruptive/threatening behaviors occur:
 - i. Hospital staff will initiate an *Assaultive Behavior* form in the electronic health record for patients who have been reviewed for and identified as having a history of violence and/or display disruptive/assaultive behavior in the hospital.

Communication



Structure & Methodology

TIERED STRUCTURE / BLENDED METHODOLOGY

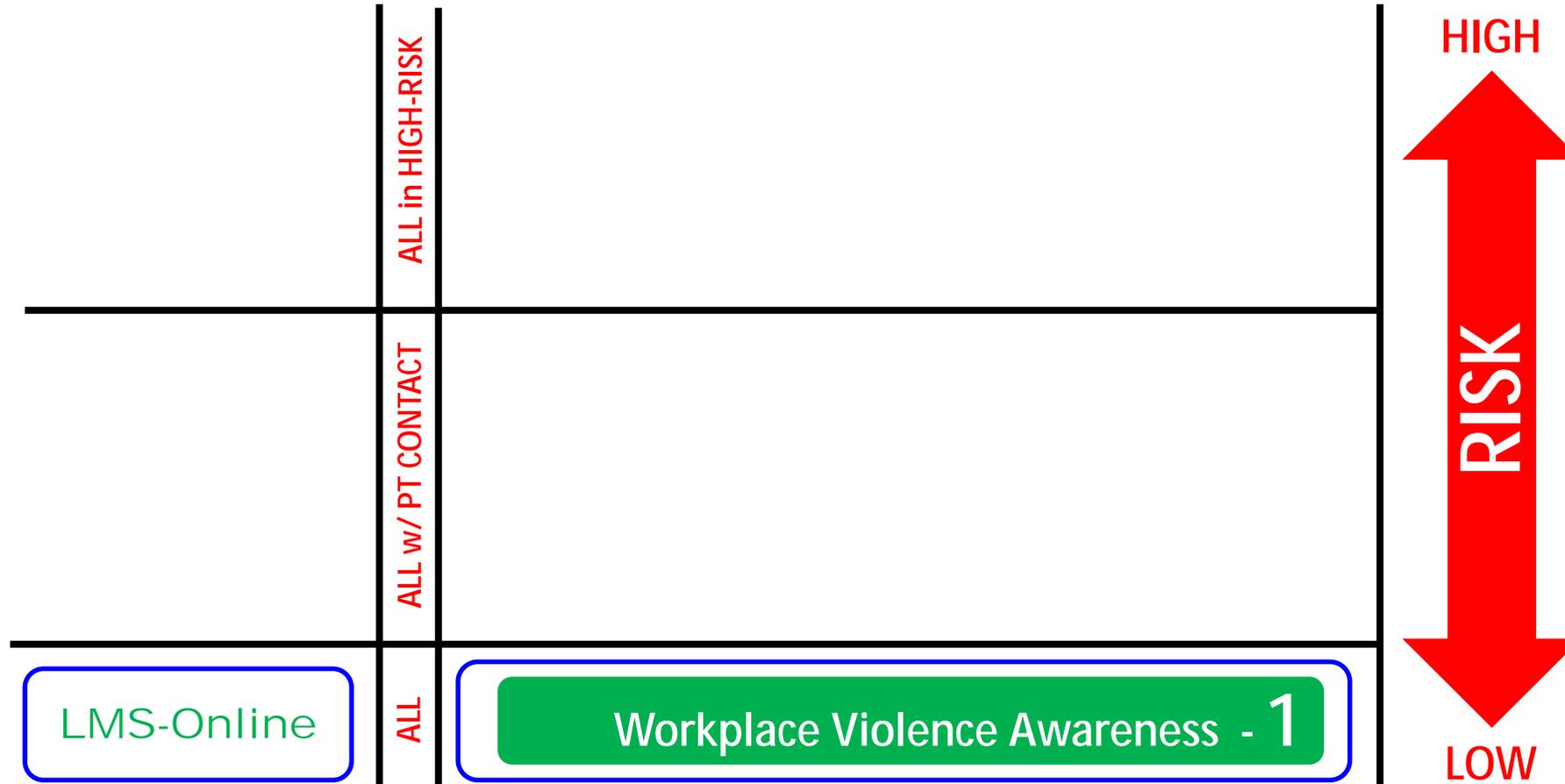
Structure & Methodology

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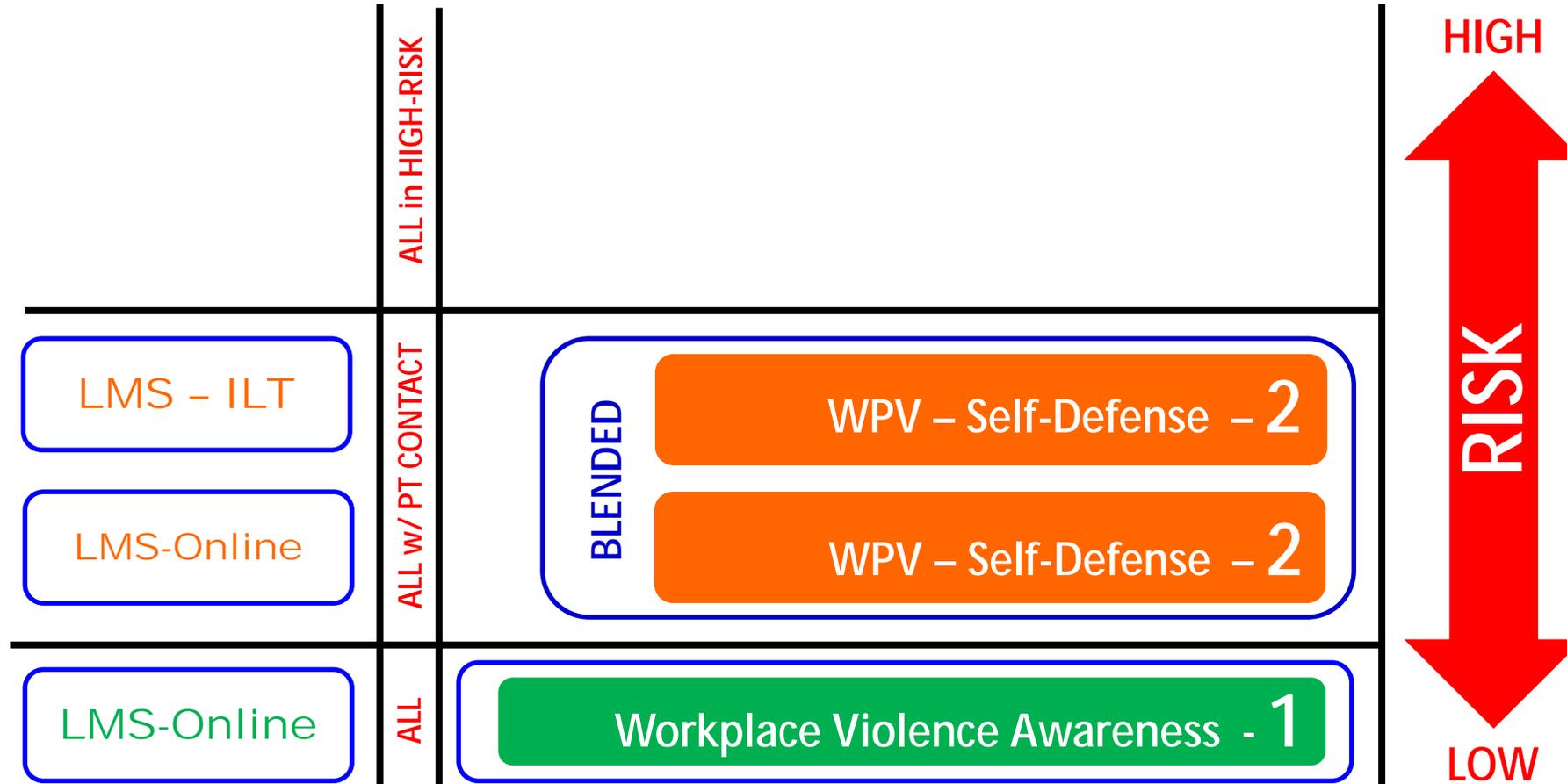
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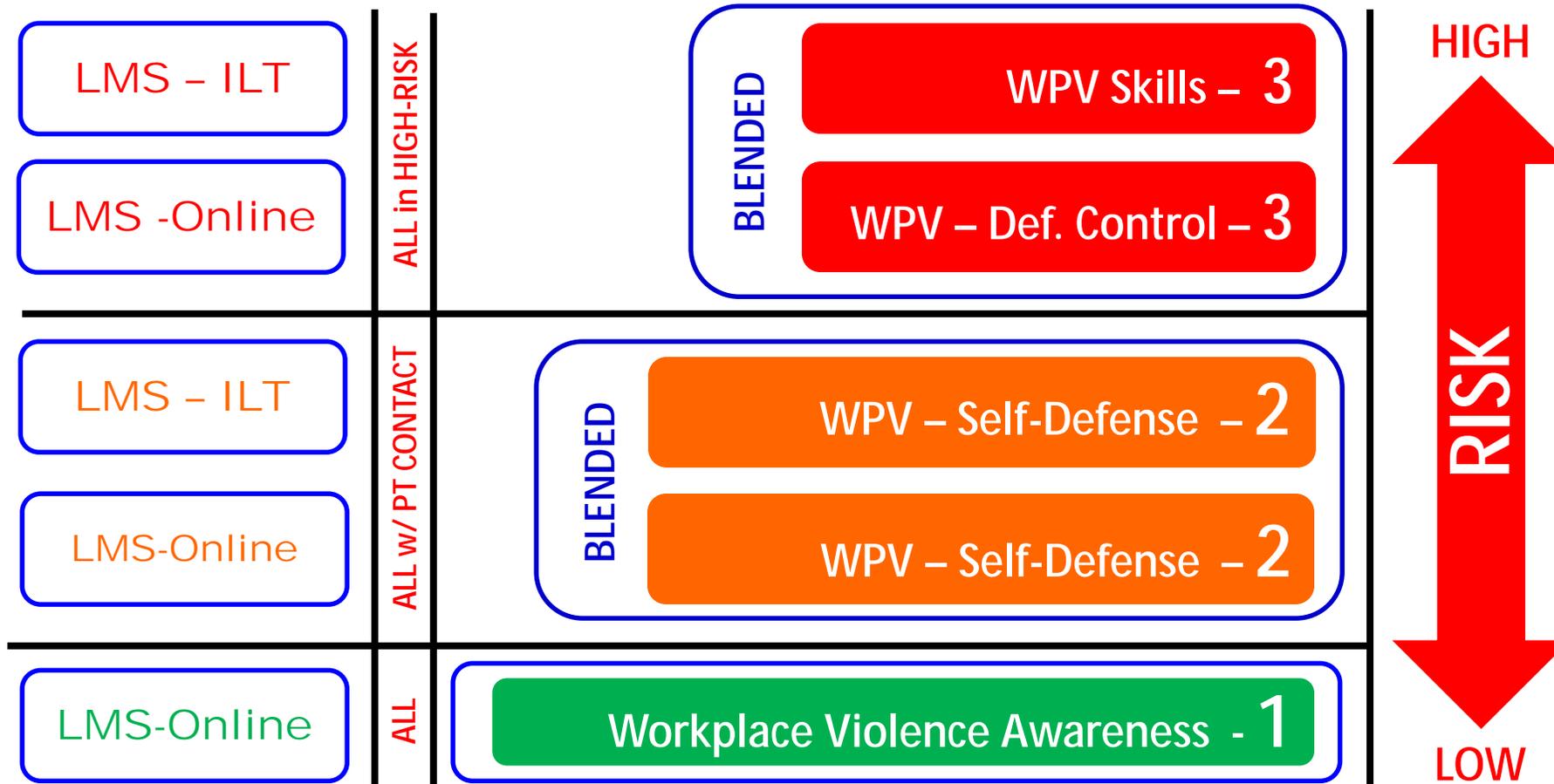
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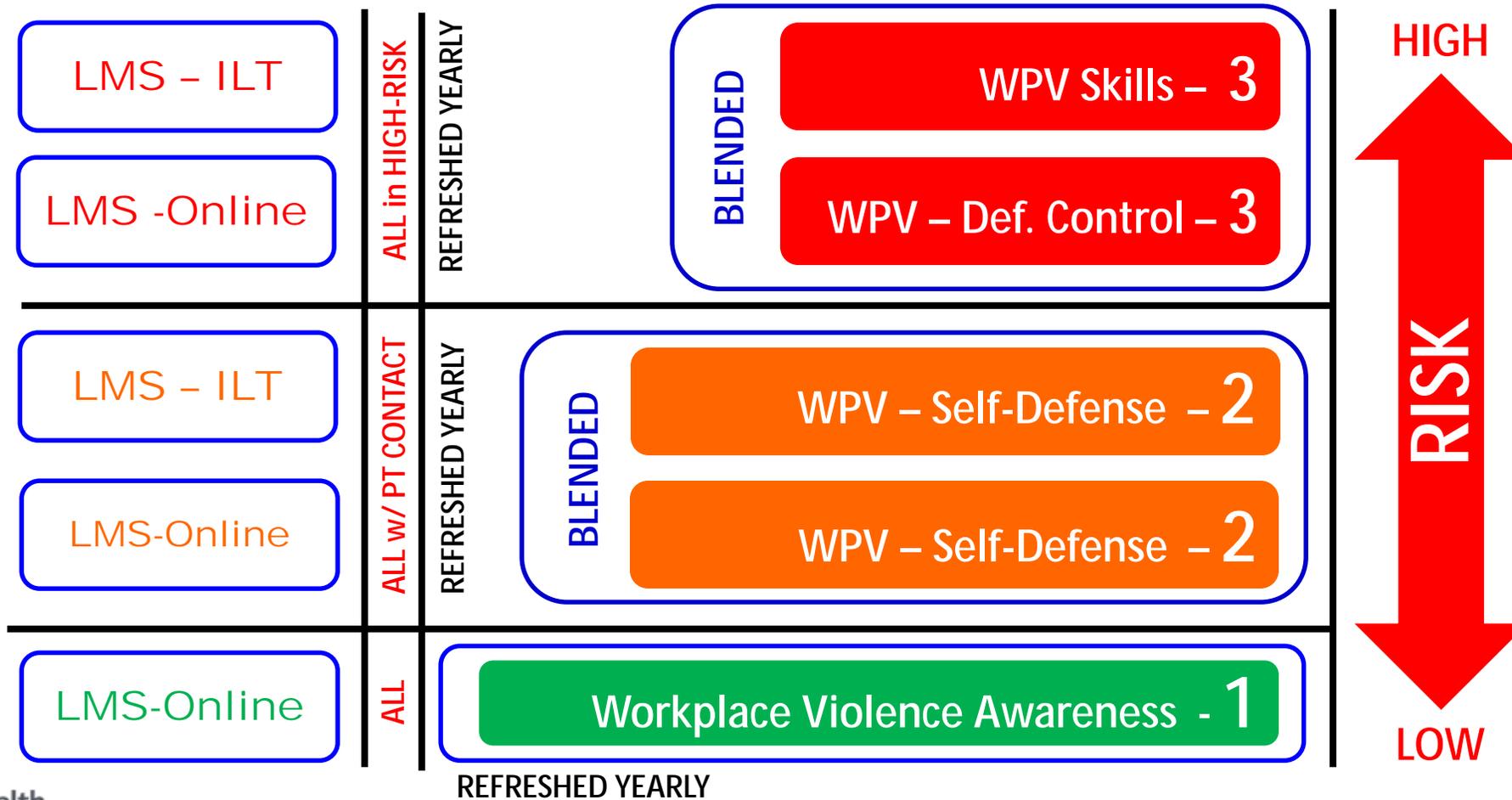
Structure & Methodology

TIERED STRUCTURE / BLENDED METHODOLOGY



Structure & Methodology

TIERED STRUCTURE / BLENDED METHODOLOGY





**PERSONAL
SAFETY
TRAINING
INCORPORATED**



Educational Roll-Out & Logistics

- *Karen Jones*

TIER 1 – Awareness Module

APPLICATION

- All Employees

METHODOLOGY

- Online thru MyJourney
- Must provide opportunity to ask & answer questions
 - [X-Matters](#)

DURATION

- 2.0 Hours



TIER 1 – Awareness Module (cont.)

POLICY

- Read / Acknowledge

WPV PREVENTION PLAN

- Annual Security Assessments
- Training & Education
- Investigation & Correction
- Reporting Requirements
- Incident De-Briefing

FLASHPOINT

- When Violence Erupts

AWARENESS MODULE

ACTIVE SHOOTER

- Active Shooter Drills

EXAMINATION



TIER 2 – Self-Defense Tactics

APPLICATION

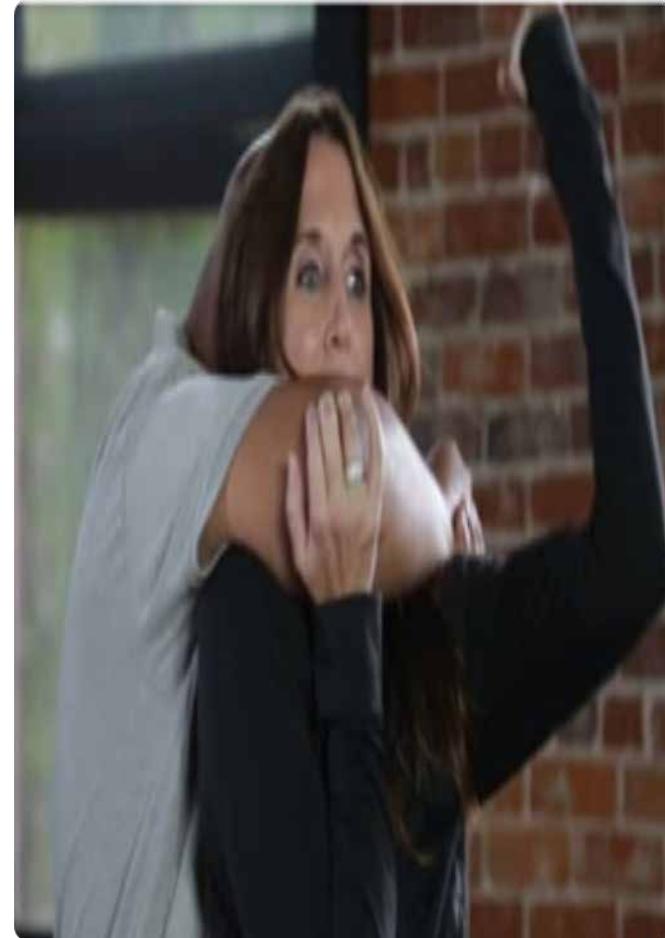
- All with Direct Patient Contact

METHODOLOGY

- Blended Learning
 - On-Line Didactic (OL)
 - Instructor-Led Training (ILT)
 - Must Provide Opportunity to Practice & De-Brief Techniques

DURATION

- 2.5 Hours
 - 0.5 Hrs – Cognitive (OL)
 - 2.0 Hrs – Psychomotor (ILT)



TIER 2 – Self-Defense Tactics (cont.)

STANCE / MOVEMENT

DEFENSIVE BLOCKING

PERSONAL DEFENSE WEAPONS

WRIST-GRAB DEFENSES

FRONT ATTACK

REAR ATTACK

GROUND

WEAPONS

- **Only Security & Law Enforcement Should Attempt to Disarm an Assailant**
 - RUN, HIDE, [FIGHT](#)



TIER 3 – Defensive Control Tactics

APPLICATION

- All ED, BHU, Security, Code Gray Responders

METHODOLOGY

- Blended Learning
 - On-Line Didactic (OL)
 - Instructor-Led Training (ILT)
 - Must Provide Opportunity to Practice & De-Brief Techniques

DURATION

- 2.5 Hours
 - 0.5 Hrs – Cognitive (OL)
 - 2.0 Hrs – Psychomotor (ILT)



TIER 3 – Defensive Control Tactics (cont.)

STANCE / MOVEMENT

INITIAL CONTACT

ESCORT

TAKE-DOWN

PRONE POSITIONING

- Patients/Others **NEVER RESTRAINED IN PRONE POSITION** exception immediately following take-down; only short duration
- **Airway Concerns**

REAR ARM CONTROL

SUPINE POSITIONING

- **Healthcare Only**



Tier 2 ILT Agenda

WORKPLACE VIOLENCE SELF-DEFENSE (TIER 2 SKILLS)

Date: _____ Location: _____ Instructor: _____
 Start Time: _____ End Time: _____ Student Count: _____

TIME	DURATION	TOPIC
0800	5 mins	Course Sign-in (Video position and skills position)
0805	7 mins	Course Introduction Play the Introduction Video (1:00) Discuss the Video Relating to AVADE Discuss Classroom Etiquette and Course Safety
0812	5 mins	Bladed Defensive Stance Play the Video (1:45) Demonstrate and practice the skill
0817	15 mins	Defensive Movements and Reactionary Gap Exercise Play the Video (2:04) Demonstrate and practice the skills: Forward & Reverse Side to Side Forward & Reverse Pivot
0832	5 mins	Escort Technique Play the video (1:52) Demonstrate and practice the skill
0837	15 mins	Block Defense: Shoulder, High, Middle, Turtle Play the Video (2:57) Demonstrate and practice the skills: Shoulder Block High Middle Turtle Block
0852	10 mins	Fist, Palm-Heel, and Knee Defenses Play the videos: Fist, Palm-Heel, and Knee Defenses (4:15) Demonstrate and practice the skill
0902	10 mins	Wrist Grab Defense and Core Energy Play the video: Wrist Grab Defense (1:46) Demonstrate and practice the skill
0912	5 mins	Double Wrist Grab Defense Play the video (1:14) Demonstrate and practice the skill
0917	8 mins	Hair Pull Defense Play the video (estimate 1:30) Demonstrate and practice the skill
0925	5 mins	Bite Defense Play the video (estimate 1:30) Demonstrate and practice the skill
0930	10 mins	Front Choke Defense Play the video (2:08) Demonstrate and practice the skill
0940	10 mins	Rear Airway and Rear Carotid Choke Defense Play the video: Rear Airway Choke Defense (1:14) Demonstrate and practice the skill Emphasize the Carotid Choke Defense Differences
0950	5 mins	Rear Bear Hold Choke Defense Play the video (1:11) Demonstrate and practice the skill
0955	5 mins	Ground Defense Play the video (1:05) Demonstrate and practice the skill
1000	0 mins	Dismiss Class

Total Time 2 hours, 0 minutes

Tier 3 ILT Agenda

WORKPLACE VIOLENCE DEFENSIVE CONTROL TACTICS (TIER 3 SKILLS)

Date: _____ Location: _____ Instructor: _____
 Start Time: _____ End Time: _____ Student Count: _____

TIME	DURATION	RECOMMENDED TRAINING FORMAT
-	-	<p>Skill</p> <p>Play the Video (length of video)</p> <p>Participants practice the skill</p> <ul style="list-style-type: none"> • Have participants get into <u>skill line</u> • Instructor guided <u>step-by-step</u> movements (at least x2) • Instructor observed <u>practice</u>: <ul style="list-style-type: none"> ○ Participants practice skill in groups for the remainder of the allotted time ○ Instructors provide corrective feedback to participants <p>Application: Instructors discuss and or demonstrate <u>application</u> in the health care setting</p>

TIME	DURATION	TOPIC
1000	15 mins	Course Sign-in and Introduction (Part of 15 minute break if Tier 2 Part 2 immediately precedes)
1015	13 mins	Initial Contact: 1&2 Person, Front & Rear (Video 2:53) (approach and hands encircle on contact)
1028	9 mins	Contact & Cover: Team Positioning (Video 2:32) (hands-on, adds trigger to move in; e.g.: green <scratch head>)
1037	10 mins	Hands on Escort (Video 1:40) (Caution!: Skills from here and beyond have a higher risk of injury for participants)
1047	9 mins	One Arm Take-Down: Prone Control Position (Video 1:22)
1056	5 mins	Rest, Rehydrate, and Refocus
1101	18 mins	Putting it all together (Contact and Cover: Escort, Hands-on Escort, and One Arm Take-Down) (Video 2:46)
1119	9 mins	Actively Combative - Approaching and Controlling (Video 2:12)
1128	15 mins	Standing the Prone Controlled Subject (Video 1:42)
1143	14 mins	Healthcare Pre-Restraint Application Holding Positions (Video 3:21)
1157	3 mins	Debrief (What went well, what could be improved)
1200	0 mins	Dismiss the Class

Total Time 2 hours

Workplace Violence Awareness Training



Logistics Considerations – Do the Math

- Target Audience Breakdown
 - Total number of staff to be trained in each segment or *tier*
- Capacity Calculations
 - Classroom availability & size
 - Appropriate Instructor-Student Ratios
 - Number of Instructors Needed

Logistics Considerations – Do the Math (cont.)

- The Dignity Health Experience
 - 39 Hospitals; 8 Regions; 16 Master Instructor-Trainers;
 - 225 Instructors; 1,500+ Tier 2 Courses; 500+ Tier 3 Courses
- Initial vs. Refresher – Future Considerations

Event Reporting & Analytics

- *Andrew Opland*



Event Reporting & Analytics

Debrief Analytics - By:  [Debrief Listing](#) [Statement Listing](#)

July 2018

DATA TABLE

CALCULATOR

EXPORT DATA

Violence Type

By Location

By Time

By Cognitive

By History

Intervention

Violence Type	Count
± Biting by aggressor	4
± Choking	0
± Furniture/furnishings (e.g., lamp)	0
± Grabbing	10
± Gun	0
± Hair pulling	1
± Kicking	17
± Knife	1
± Medical equipment	1
± Other weapon	3
± Punching/slapping	24
± Pushing/pulling	19
± Rape/attempted rape	0
± Scratching	6
± Shooting	0
± Spitting at/on	2
± Stabbing	0
± Striking	12
± Type of physical force not listed above	10
± Unwanted physical sexual contact	0
± Verbal/Threatening	10

Questions

Thank You

Lawson Stuart
Director, Clinical Education
Dignity Health

Karen Jones
Senior Director, Patient Care
Mercy Medical Center, Redding

Andrew Opland
Safety, Security & Emergency Management
Dignity Health Sacramento