ZUCKERBERG
SAN FRANCISCO GENERAL
Hospital and Trauma Center

# Addressing Safety & Experience for Staff and Patients

## Workplace Violence (WPV) Data and Countermeasures

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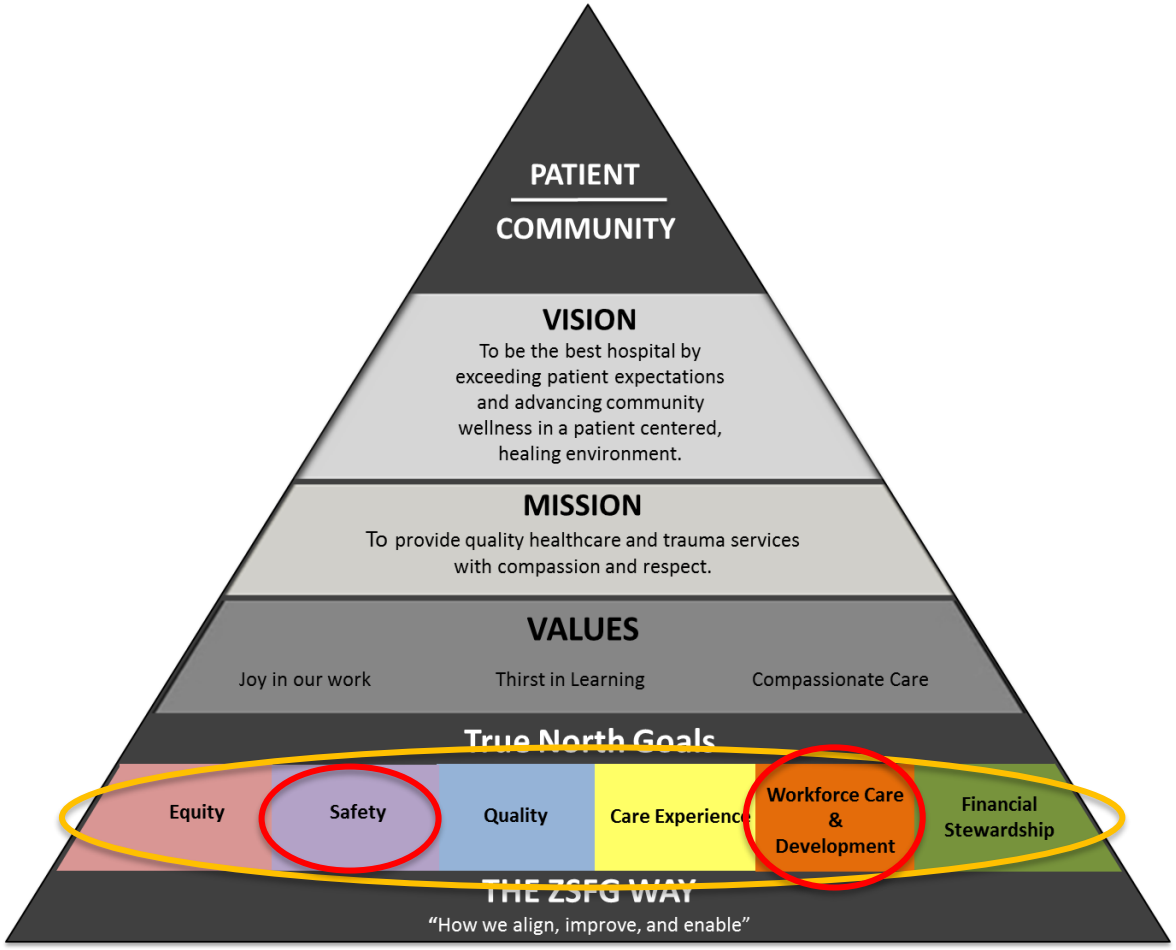
# ZSFG TRUE NORTH



# WPV Overview

- Review current state for WPV Reporting/Data
- What current countermeasures are implemented and planned?

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# Preventing Workplace Violence

Dr. Susan Ehrlich & Andrea Turner

| V9 | 2/17/2021 | | |
|---|---|---|---|

## I. Background: What problem are you talking about and why focus on it now?

Nationally, health care workers are nearly four (4) times likely than most other industries to experience workplace violence (OHS, 2015). The California Code of Regulations, Title 8, Section 3342 https://www.dir.ca.gov/title8/3342.html mandates violence prevention steps in health care. California Occupational Safety & Health (Cal-OSHA) also mandates workplace violence prevention in health care in accordance with section 3442. Both of these regulations mandate compliance, which include implementation of written workplace violence prevention plan (procedures, assessments, controls, corrections, and other requirements), a violent incident log, training, incident reporting, and recordkeeping. In the past 2 years ZSFG has invested in law enforcement as a resource which has resulted in a decrease in both use of force and battery incidents. However, workplace violence directed at both staff and patients continue to hinder the organization's ability to provide quality care with compassion and respect. In 2018, ZSFG established a multi-disciplinary committee to evaluate incidents of violence and pro-actively PDSA strategies to prevent re-occurrences.

## II. Current Conditions: What is happening today and what is not working?

In January 2020, the committee organized 3 town halls to hear directly from staff about the effectiveness of current tactics and kick off a year-long plan to reduce work force violence through new tools, culture change, training and communication. Due to COVID-19 parts of the plan had to be postponed. In April 2020, ZSFG initiated an abatement plan in response to a Cal-OSHA citation that focuses on improving data collection and reporting, debrief and assessment. By July 2020, 232 workplace violence events, encompassing both physical and verbal incidents, were reported through the UO system.

The top three highest risk areas for WPV in the organization remain the ED, Behavioral Health units, and Inpatient units. Between Jan-Jun 2020, 42% of workplace violence events reported in ED took place in Pod A. With a modified UO system, workplace violence data is now centrally tracked by Risk Management through the UO system and reported out monthly to Exec Security meeting, WVP committee and JCC. In addition, ED data is shared with ED leadership and posted on ED huddle board for staff for easy reference.


The workplace violence prevention committee membership has been expanded to include more frontline staff from high risk areas and residents/house staff.

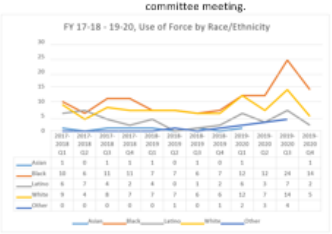
A working group has been established that meets monthly to work on the abatement plan.

Abatement plan progress is reported out monthly at WVP committee meeting.

In the first 7 months of the year there was an even distribution of physical and verbal only events with punching/slapping remaining the top type of physical incident reported.


After an initial decrease use of force continues to rise and force continues to be used on African Americans more than any other race.

Between January and June, 2020, 53% of UoF events were used on B/AA although B/AA makes up only 15% of the total patient population. Of those UoF events, close to 80% resulted form SFSD supporting clinical staff.




**Problem Statement:** *At ZSFG workplace violence events take place against both staff and patients and are inequitably distributed. 53% of security force are used against B/AA patients and 66% of workplace violence events against staff is concentrated in the top two high risk areas.*

## III. Goals: A safe environment in which staff can provide care to all patients with compassion and respect.

| Selected Metrics | Baseline | Target by June 2021 |
|---|---|---|
| *In person CPI training in high risk areas* | - | 100% |
| *Physical workplace violence events* | 106 | <10% |
| *Use of force* | 129 | <20% |

## IV. Analysis

| A. People | B. Method |
|---|---|
| 1. We rely on SFSD to do the work of security. Nationwide only 1% of hospitals rely solely on law enforcement for security. The presence of SFSD may escalate a situation<br>2. Lack of clear delineation of roles and responsibilities of Care Teams and SFSD in WP events.<br>3. Staff's bias contributes to increased calls to law enforcement on B/AA patients and members of the public. | 1. Threat management is perceived, implemented and documented inconsistently across all care areas.<br>2. SFSD moving towards using time and distance as a way to engage agitated patient leading to more confusion about roles and responsibilities in WV events. |
| **Environment** | **E. Tools** |
| 1. Increased level of homelessness and substance abuse especially meth leading to increased social needs.<br>2. Increased need for behavioral health services<br>3. Firefighting culture leads to more resources being directed towards responding to rather than preventing violence. | 1. ZSFG has no validated standard work and inconsistent processes to assess level of agitation and de-escalation, preventing effectiveness of CPI<br>2. We do not have standardized process to collect and share lessons learned to prevent workplace violence events from reoccurring |

## V. Countermeasures

| *Countermeasure* | *Description ("if-Then")* | *Impact* | *Effort* |
|---|---|---|---|
| Workshops with high risk area to develop a post-event review | With new tools being developed and introduced we want to improve workflow so they can be implemented fully and maximize their benefits | H | H |
| Deploy new CPI training plan based on risk level and utilizing trainers based on units | A new staff centered CPI training plan based on risk level and with built in process to collect staff input will allow us to increase staff capacity and assess effectiveness of CPI. | H | H |
| Increase BERT (Behavioral Emergency Response Team) capacity in hospital | Piloting a concept that's proven to be effective some areas in the hospital to help staff assess and respond to patients with behavioral issues across campus | H | H |
| Optimize UO system and standardize WV data collection and reporting | Improve the utility and workflow of existing systems to make it easier for staff to report WV and learn about existing resources to manage and prevent WV events. | M | L |
| Violence Prevention Screening tool | Create standard work to assess level of agitation and proactively use de-escalation techniques | M | M |

## VI. Plan

| *Countermeasure* | *Description and Expected Result* | *Owner* | *Date* |
|---|---|---|---|
| Workshops with high risk area to develop a post-event review | 1. Engage WVP committee and staff from high risk areas<br>2. Identify focus, scope, format and stakeholders<br>3. Create communication strategy to all staff about lessons learned | Anh | 11/2020 |
| Deploy new CPI training plan based on risk level | 1. Recruit and train principal and lead trainers in high and medium risk department.<br>2. Design a feedback loop and report out on training progress at WVP committee | Basil P<br>Kala G | Ongoing |
| Increase BERT (Behavioral Emergency Response Team) capacity in hospital | 1. Review current BERT standard work, engage current team and identify potential new members.<br>2. Implement post-event review ZSFG-wide<br>3. Collect data on BERT interventions to evaluate effectiveness.<br>4. Develop business case for sustainability and expanded scope. | Basil P<br>Kathy B<br>Jeff S | 1/21 |
| Optimize UO system and standardize WV data collection and reporting | 1. Work with IT to create and optimize new UO form.<br>2. Centralize ownership of data analysis and reporting in QM<br>3. Create and communicate to staff about workplace violence UO checklist<br>4. Report workplace violence incidents to Security committee, WPV committee & JCC | Basil P<br>Susan B<br>Anh | Completed |
| Violence Prevention Screening tool | 1. Review existing literature and best practices from our peers<br>2. PDSA screening tool in critical areas<br>3. Racial equity impact analysis | Susan B, Anh D, Bebs N, Basil P | 12/20 |

## VII. Follow-Up

1. Weekly report out of workplace violence incidents from UO at Security Meeting and monthly report out at JCC
2. Monthly review of progress of countermeasures at WVP Committee meetings.
3. Catch ball with staff through Expanded Exec, Management Forum, WVP Committee open sessions and Town halls

# Problem Statement

Workplace Violence (WPV) continues to be a concern, nationally, locally and at ZSFG where events take place against both patients and staff. 66% of WPV events against staff are concentrated in 2 areas.

The data that ZSFG has been collecting does not fully capture all events and lacks specificity.

# Current State

- Top three areas of focus are currently
  - CPI Training
  - Reduce Physical assaults with harm
  - Reduce Use of Force

# Multifaceted Approach

- Security Leadership Meeting
  - Meets Weekly, reviews use of force events
- Assault Governance Strikeforce
  - Meets Weekly, reviews physical assault events
- Workplace Violence Committee
  - Meets Monthly, CPI Training Report out and BERT utilization
- ED WPV Workgroup
  - Meets Monthly, department based case review
- Psychiatry Department
  - Has an established Assault Review Board

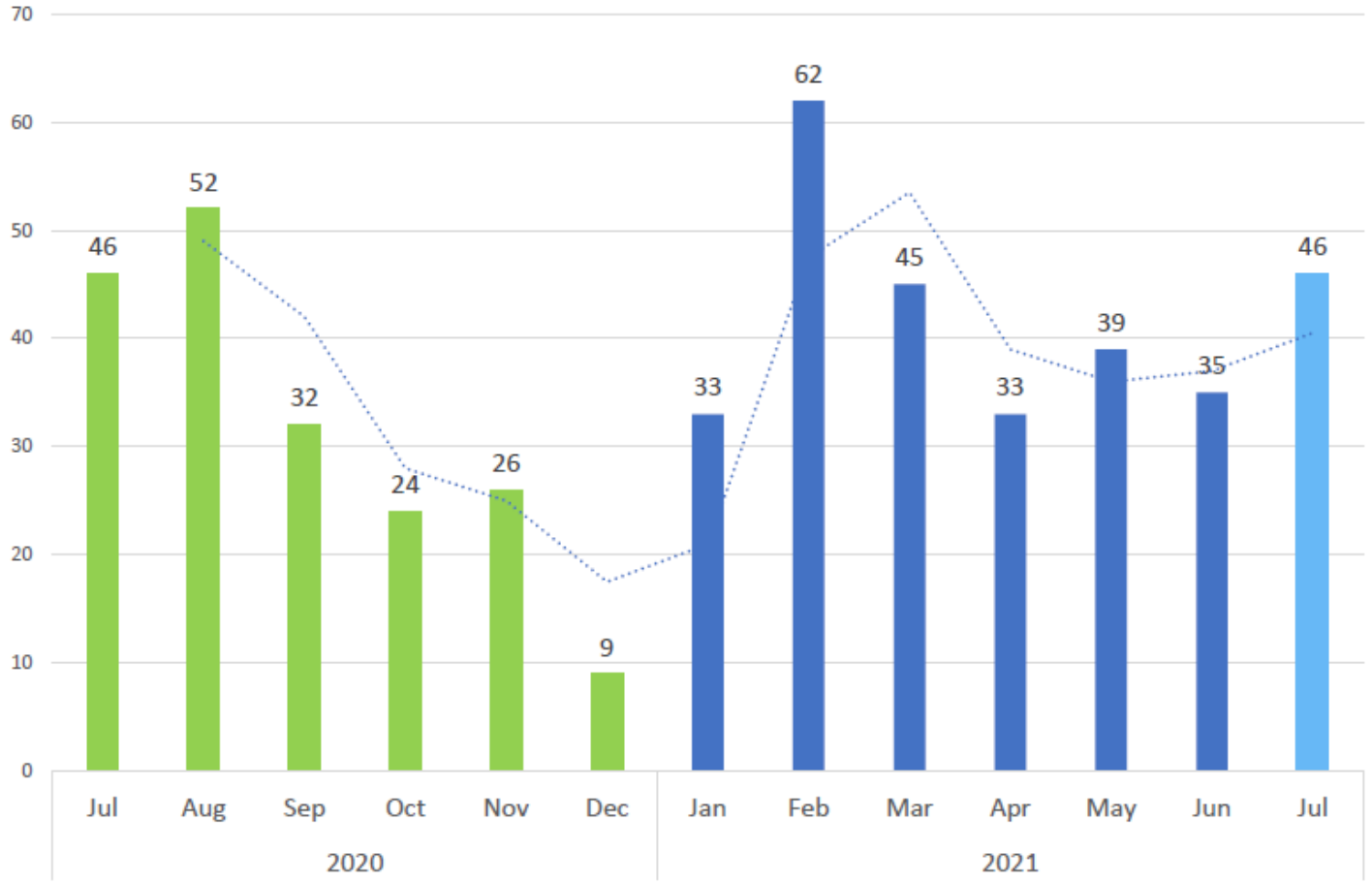
# Analysis

- CPI Training plan was revised based upon pandemic and resource availability. Remains on track with revised timeline
- Use of Force by SFSD is reviewed by Hospital Leadership to monitor trend and discuss themes and events
- Current data does not show trends specific to physical assaults, so analysis is unreliable

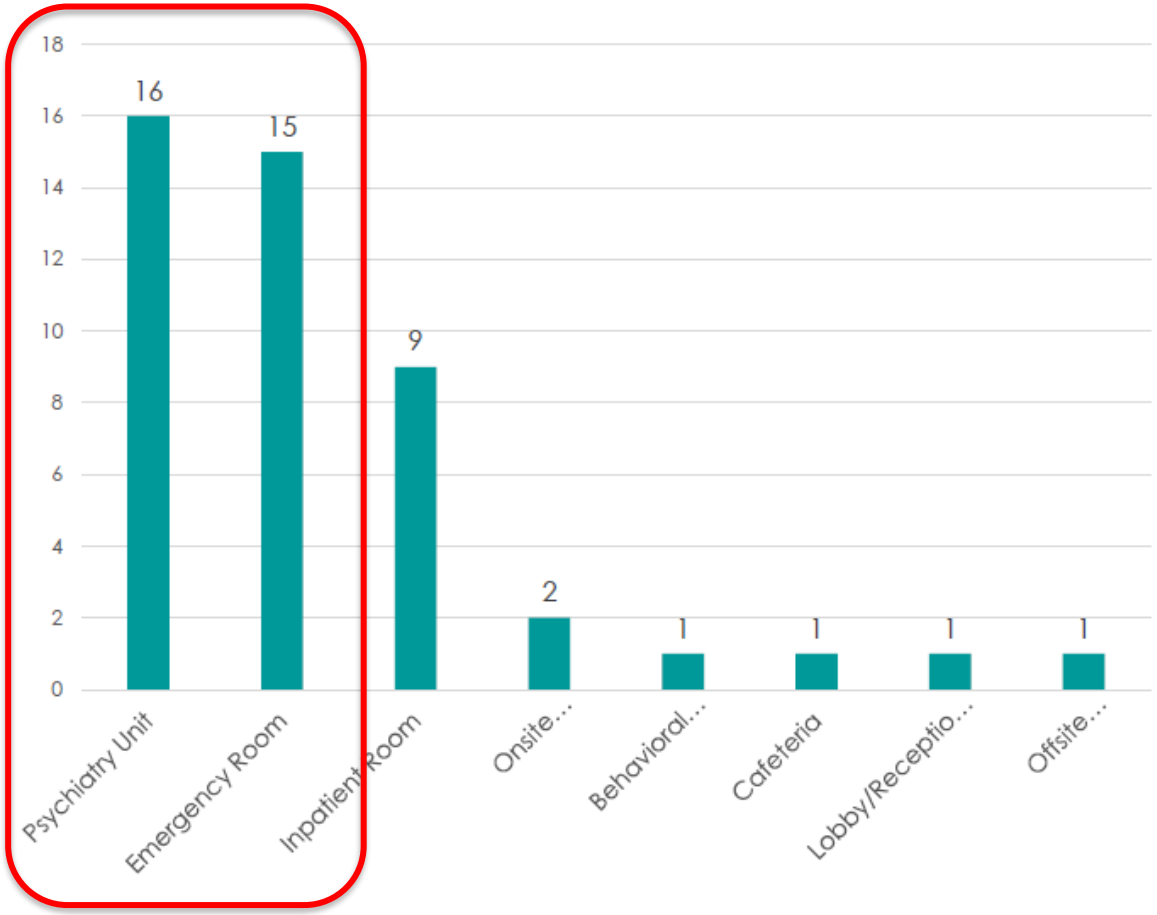
# Q4 2021 Target

Reduction in physical WPV Events by 10%

# Volume of Assaults does not address Target



# Current Data has allowed us to focus on Highest Risk Areas



# A3 Countermeasures

| | |
|---|---|
| Focus of High-Risk Areas | Emergency Room<br>PES |
| CPI Training | Principle and Lead Trainers in each area<br>Progress of training reported out at WPV Committee |
| Increase BERT Capacity in Hospital | 31.9 fte's included in the FY Budget to address this need |
| Optimize UO System | New UO Form built and launched<br>Data Collection and ownership centralized in QM |

# Additional Countermeasures

| | |
|---|---|
| Assault Governance Taskforce | Meets weekly to review events in real time<br>Leadership form High-Risk areas |
| Addressing issues from post event reviews | SFSD Deputy in PES |
| CODE 50 in ED | Team Approach to assessing and managing patients in the ED with actual or potentially violent behavior |

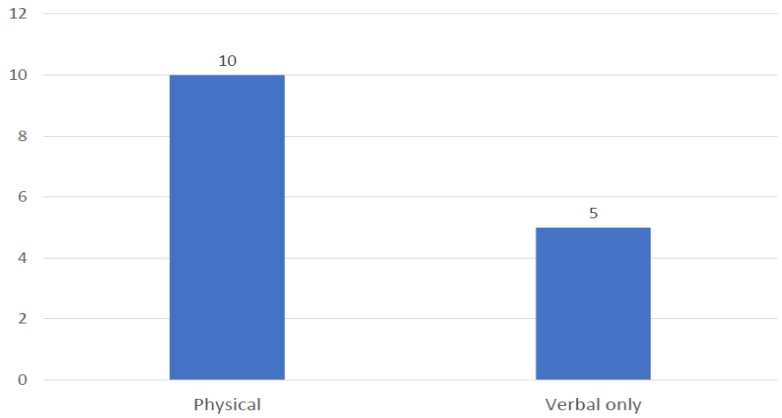
# Successes and Achievements

- CPI Training
- Resources for BERT Team
- Compliance with CAL-OSHA Abatement Plan
- Inclusion of BHC into electronic UO system

# Data

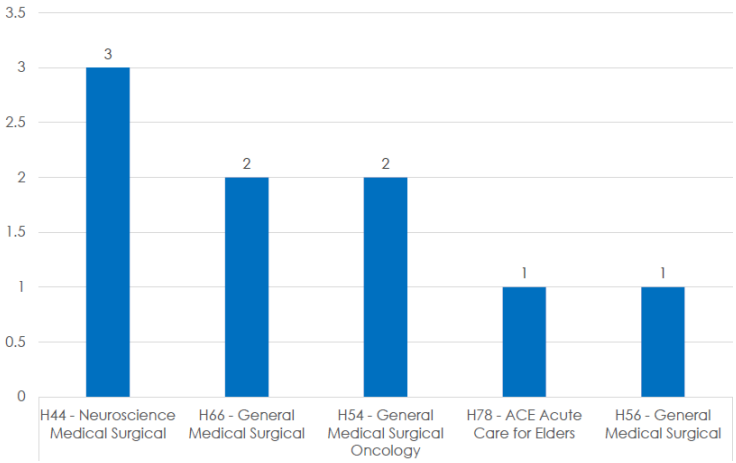
- Acknowledge that not all WPV Events are reported in the UO system
- Prior data presented was **all** reported incidents.
- Data refinements in progress

# Examples of Data Refinement




Separating Verbal and Physical Assaults

- Focus on Physical Assault as first priority
- Within this subset deeper focus on events with injury




Recognizing changes and other risk factors in data

- H44 has higher rate of assaults than other inpatient units
- Unique patient cohort – TBI unit

# Next Steps

- Sustaining Countermeasures described
- Risk Management and Department Managers to focus on
  - Ensuring each WPV UO has all required Data Field completed
  - Focused Review of Physical Assault events including chart review and debrief

# Next Steps

## POWER BI Analytics


- The Quality Data Center is building a WPV UO reporting view through a new interactive tool –Power BI (Microsoft)

- This will provide enhanced ability to provide better analytics and more reliable data