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

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Policy, Planning & Curriculum Development

- Lawson Stuart
Preventing Workplace Violence
Large Enterprise Implementation Planning
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 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.
• **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.

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

2016
- **Jun 2**: TIER 1 – Awareness Module Launched
- **Sep 30**: TIER 1 – Training STAFF Completed
- **Oct 17 - 20**: Master Instructor Training
- **Nov 15 – Dec 31**: ILT Instructor Training
- **Oct 31**: TIER 1 – Training VOLUNTEERS Completed

2017
- **Apr 1st**: TIER 2 & 3 – Self-Defense/Defensive Control Modules (OL)
- **Sep 30**: TIER 2 & 3 – Self-Defense/Defensive Control Courses (ILT)

2018
- **Apr 1st**: Full Compliance
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

### TIERED STRUCTURE / BLENDED METHODOLOGY

<table>
<thead>
<tr>
<th>RISK</th>
<th>ALL</th>
<th>ALL w/ PT CONTACT</th>
<th>ALL in HIGH-RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIGH</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **RISK**: LOW, HIGH
- **ALL**: All patients
- **ALL w/ PT CONTACT**: All patients with professional contact
- **ALL in HIGH-RISK**: All patients in high-risk tier
Structure & Methodology

TIERED STRUCTURE / BLENDED METHODOLOGY

- ALL
- ALL w/ PT CONTACT
- ALL in HIGH-RISK

Workplace Violence Awareness - 1

LMS-Online
Structure & Methodology

TIERED STRUCTURE / BLENDED METHODOLOGY

- LMS – ILT
- LMS-Online
- ALL with PT CONTACT
- ALL in HIGH-RISK

HIGH RISK

- WPV – Self-Defense - 2
- WPV – Self-Defense - 2

LOW RISK

- Workplace Violence Awareness - 1
### Structure & Methodology

#### TIERED STRUCTURE / BLENDED METHODOLOGY

<table>
<thead>
<tr>
<th>Tier</th>
<th>Methodology</th>
<th>Topics</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW</td>
<td>LMS - Online</td>
<td>Workplace Violence Awareness</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>LMS - ILT</td>
<td>WPV - Self-Defense</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>WPV - Self-Defense</td>
<td>2</td>
</tr>
<tr>
<td>HIGH</td>
<td>LMS - ILT</td>
<td>WPV Skills</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>WPV - Def. Control</td>
<td>3</td>
</tr>
</tbody>
</table>

**LMS - Online**
- All in HIGH-RISK
- All
- All w/ PT Contact

**HIGH RISK**

**LOW RISK**

Dignity Health
Structure & Methodology

TIERED STRUCTURE / BLENDED METHODOLOGY

LMS – ILT
LMS -Online
LMS – ILT
LMS-Online
LMS-Online

ALL in HIGH-RISK
ALL w/ PT CONTACT
ALL

REFRESHED YEARLY
REFRESHED YEARLY
REFRESHED YEARLY

WPV Skills - 3
WPV – Def. Control - 3
WPV – Self-Defense - 2
WPV – Self-Defense - 2
Workplace Violence Awareness - 1

HIGH
LOW
RISK
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)
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)

<table>
<thead>
<tr>
<th>TIME</th>
<th>DURATION</th>
<th>TOPIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>0800</td>
<td>5 mins</td>
<td>Course Sign-in (video position and skills position)</td>
</tr>
<tr>
<td>0806</td>
<td>7 mins</td>
<td>Course Introduction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Play the introduction Video (1:00)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Discuss the Video Rotating to AVADO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Discuss Classroom Property and Course Safety</td>
</tr>
<tr>
<td>0812</td>
<td>5 mins</td>
<td>Blooded Defensive Stance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Play the Video (1:45)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Demonstrate and practice the skill</td>
</tr>
<tr>
<td>0817</td>
<td>15 mins</td>
<td>Defensive Movements and Reactionary Gap Exercise</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Play the Video (1:04)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Demonstrate and practice the skills</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Forward &amp; Reverse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Side by Side</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Forward &amp; Reverse Pivot</td>
</tr>
<tr>
<td>0832</td>
<td>5 mins</td>
<td>Escort Technique</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Play the video (3:10)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Demonstrate and practice the skill</td>
</tr>
<tr>
<td>0837</td>
<td>15 mins</td>
<td>Block Defense: Shoulder, High, Middle, Turtle</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Play the Video (5:57)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Demonstrate and practice the skills</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Shoulder Block</td>
</tr>
<tr>
<td></td>
<td></td>
<td>High</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Middle</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Turtle Block</td>
</tr>
<tr>
<td>0852</td>
<td>10 mins</td>
<td>Flat, Palm-Heel, and Knee Defenses</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Play the videos Flat, Palm-Heel, and Knee Defenses</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Demonstrate and practice the skill</td>
</tr>
<tr>
<td>0902</td>
<td>10 mins</td>
<td>Wrist Grab Defense and Core Energy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Play the video: Wrist Grab Defense (1:06)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Demonstrate and practice the skill</td>
</tr>
<tr>
<td>0912</td>
<td>5 mins</td>
<td>Double Wrist Grab Defense</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Play the video (1:14)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Demonstrate and practice the skill</td>
</tr>
<tr>
<td>0917</td>
<td>8 mins</td>
<td>Hair Pull Defense</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Play the video (estimate 1:10)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Demonstrate and practice the skill</td>
</tr>
<tr>
<td>0920</td>
<td>5 mins</td>
<td>Bite Defense</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Play the video (estimate 1:10)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Demonstrate and practice the skill</td>
</tr>
</tbody>
</table>

Total Time: 2 hours, 10 minutes
## Tier 3 ILT Agenda

**Workplace Violence Defensive Control Tactics (Tier 3 Skills)**

<table>
<thead>
<tr>
<th>Time</th>
<th>Duration</th>
<th>Recommended Training Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000</td>
<td>15 mins</td>
<td>Course Sign in and Introduction (Part of 15 minute break if Tier 2 Part 2 immediately precedes)</td>
</tr>
<tr>
<td>1015</td>
<td>13 mins</td>
<td>Initial Contact: 1 &amp; 2 Person, Front &amp; Rear (Video 2:53) (approach and hands encircle on contact)</td>
</tr>
<tr>
<td>1028</td>
<td>9 mins</td>
<td>Contact &amp; Cover: Team Positioning (Video 2:32) (hands-on, adds trigger to move in; e.g.: green &lt;scratch head&gt;)</td>
</tr>
<tr>
<td>1037</td>
<td>10 mins</td>
<td>Hands on Escort (Video 1:40) (Caution: Skills from here and beyond have a higher risk of injury for participants)</td>
</tr>
<tr>
<td>1047</td>
<td>9 mins</td>
<td>One Arm Take-Down: Prone Control Position (Video 1:22)</td>
</tr>
<tr>
<td>1056</td>
<td>5 mins</td>
<td>Rest, Rehydrate, and Refocus</td>
</tr>
<tr>
<td>1101</td>
<td>18 mins</td>
<td>Putting it all together (Contact and Cover: Escort, Hands-on Escort, and One Arm Take-Down) (Video 2:46)</td>
</tr>
<tr>
<td>1119</td>
<td>9 mins</td>
<td>Actively Combative - Approaching and Controlling (Video 2:12)</td>
</tr>
<tr>
<td>1128</td>
<td>15 mins</td>
<td>Standing the Prone Controlled Subject (Video 1:42)</td>
</tr>
<tr>
<td>1143</td>
<td>14 mins</td>
<td>Healthcare Pre-Restraint Application Holding Positions (Video 3:24)</td>
</tr>
<tr>
<td>1157</td>
<td>3 mins</td>
<td>Debrief (What went well, what could be improved)</td>
</tr>
<tr>
<td>1200</td>
<td>0 mins</td>
<td>Dismiss the Class</td>
</tr>
</tbody>
</table>

*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:** ALL, 2018

**July 2018**

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