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Heart of Safety Coalition
Insights Huddle recap

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Lessons from behavioral health leaders to reduce workplace violence

Our sincere gratitude to **Darian Eletto, M.Ed., LPC, LCADC, NCC, ACS, CAHCP**, Chief Clinical Officer, Behavioral Health, **Shari Gold, MPH, RD, CPHQ**, Senior Vice President for Regulatory Compliance and Chief Quality and Equity Officer, **Isaac A. Oppong, MSN, RN**, Associate Director of Nursing, Behavioral Health Services, and **Liz Zimmerman**, Manager of Security and Emergency Management at Bergen New Bridge Medical Center for leading this Insights Huddle on approaches to reduce workplace violence across the care continuum. Below is a summary of the discussion.

Key premise

Workplace violence (WPV), both verbal and physical, is an increasing concern in all healthcare environments, particularly in behavioral health settings where patients have a higher likelihood of dysregulation or psychosis. Clinicians and other care team members who work in behavioral health bring unique skills that can be used across the continuum of care. They, like all healthcare workers and the patients they serve, deserve to be in safe and supportive environments. A human-centered, interdisciplinary approach that can help to create safer working and healing environments that foster a balance between security and therapeutic support to optimize outcomes for all involved.

Panel best practices and recommendations

Assess risk and align resources

- Organizational:
    - Conduct an annual risk assessment of higher risk areas.
    - Conduct an annual review of WPV prevention policies.
    - Assemble a WPV prevention committee.
    - Potential projects for committee:
        - Evaluate and update windows to ensure safety glass is in place.
        - Introduce weighted chairs so they can't be thrown.
        - Improve aesthetics to make the environment more calming, pleasing.
        - Manage availability of PPE such as face shields in case of spitting.
    - Conduct rounds by multiple roles to get frontline feedback:
        - Who rounds: Senior leaders, quality, clinical informatics, environment of care, behavioral health
        - Who they round on: Frontline leaders, frontline team members, patients and families
        - Every round is followed up by a report including what was positive (plus) and what needs improvement (delta)

- Individual:
    - Implement evidence-based tools that allow care teams to capture and see patient history, including history of violence.
    - Ideal intake evaluation assigns patients to appropriate behavioral health unit based on individual needs. (At Bergen New Bridge there are 14 different units, including pediatric, intermediate, long-term geriatric, forensic, involuntary, etc.). Each unit aligns skills and experience of the care team with environmental safeguards.
    - Evaluate each person as an individual.
        - Understand triggers and coping skills.
        - Team-based approach aligns patients with caregivers to whom they respond most positively.
- Universal precautions:
    - Understand that anything could happen at any time – recognize triggers.
    - Understand the emotional, psychological and physical impact on staff of maintaining constant vigilance.
        - Conduct annual education and training.
        - Include frontline staff and leadership in WPV committee.
        - Offer same or next-day mental health care for staff (through internal or community resources and EAP). Ensure same day and next-day appointments are available.
        - Debrief for every "Dr. Strong" call (code for WPV), including support for staff.
            - Conduct mini root cause analysis for each incident.
            - Review for trends and systemic change opportunities.
- Security perspective:
    - Provide de-escalation training that focuses on treating patients with dignity, even in (last resort) cases where force is required.
    - There are no titles when connecting with a patient. Whomever the patient responds best to takes the lead.
    - It's important for security personnel to have relationships with patients.
    - Train clinical staff to have situational awareness of their physical environment.
    - Manager of security and emergency management respond to every Dr. Strong call.
    - Include recognition for team members when a response goes well.
    - Include cameras in public spaces to avoid allegations and aid in root cause analysis.
    - Security team should support staff members through the legal process at the staff member's discretion.

Behavioral health lessons across the care continuum

- Create clear schedules for patients with multiple activities (nursing, recreational therapy, social work, therapeutic interventions, etc.)
    - Schedules help patients self-regulate because they know what to expect and don't get bored.
    - Schedules support and prioritize sleep hygiene, which is important for a patient's emotional, psychological and physical wellbeing.
- Create individualized care plans that are aligned with goals and obtainable for the patient.
- Train staff to recognize verbal and non-verbal cues to identify escalating behavior so that verbal de-escalation can be applied early.
    - Conduct verbal de-escalation training multiple times per year.
- Implement snack intervention. Improve food and nutrition and provide snacks patients want.
- Review medication management if incidents occur.
- Ensure there is signage throughout the facility in various patient languages that WPV is not tolerated.
    - Zero tolerance means: Do everything possible to prevent, and if/when an incident occurs, respond with full support for staff members.

- Be clear that patients can be transferred to different units where clinicians have different skills to manage high-risk behaviors.
- There must be a culture of empathy from the CEO on down:
  - All patients, including patients who need behavioral healthcare services, deserve dignity and respect.
  - It's important for team members caring for behavioral health patients to understand these patients' behavior is not in their control and not to view violence as personal. However, staff must be given full and immediate support in terms of security, therapeutic resourcing and emotional, psychological and physical support, etc. to prevent and recover from violent incidents.
  - Understanding behavior as symptoms of illness (when applicable), helps staff focus on therapeutic interventions as opposed to experiencing behaviors as "aggression".
  - Trauma-informed care and trauma informed leadership are important considerations for patients and care team members.
- Time and patience are key resources. It's important for teams to stay grounded in the care plan. (Understand what's causing the agitation and solve for the underlying issue with a de-escalation mindset.)
- Make sure patient intake process includes a "safety form" that includes patients' strengths and support system. Staff can refer to these to relate to patients and limit escalation.
- For newer staff members:
  - Set expectations about the realities of behavioral health and caring for patients with behavioral health needs.
  - Include de-escalation training in initial training and beyond.
  - If an incident occurs that upsets a team member:
    - Remove them from the environment immediately.
    - Validate their emotional response (it's okay to get/be upset).
    - Acknowledge that patient agitation is part of the environment and that the patient needs support – it's not personal.
    - Give them the choice of getting support or going back to the environment.
- Include safety reminders in the daily safety huddle.

What does a safe environment look like?
- It's an environment where employees feel safe to come to work, patients feel safe to come for treatment, and treatment is tailored to each patient to return them to the community in a functional way.
- It's compassionate, collaborative and communicative.

Discussion overview:
The Insights Huddle discussion centered on several ideas:
- Select a training approach for WPV awareness and prevention.
  - Focus on patient dignity.
  - Center de-escalation training around proactive responses.
  - Include easy-to-perform maneuvers that are effective, but not military-like.
  - Offer plenty of time for team members to practice motions.
  - Collect feedback from staff, managers and directors for constant improvement.
  - Bergen New Bridge selected Handle with Care.
- Build a culture from the top down that centers on kindness. It starts with patient intake and explaining with compassion and dignity why the staff is taking a patient's belongings and cell phones as part of their care plan and for other patients' protection.

- Environmental protection consideration:
    o Weapons detection systems at the facility entrance.
    o Duress alarms (in rooms and wearable).
    o Cameras.
    o Safety glass in windows.
- Data collection:
    o All threats are taken seriously.
    o Escalate to security and involve external law enforcement as needed following investigations.
    o Communicate directly to leadership.
- Future regulation: The Joint Commission will start asking staff if they feel safe at work.

Additional resources:

- Insights Huddle: De-escalation strategies to reduce workplace violence
- Report: Patient code of conduct
- Report: The three pillars of care team safety
- Podcast: A nurse-security liaison supports safer healthcare environments
- Podcast: Security personnel as an extension of the care team

If you have topic ideas or best practices you want to share to improve the safety and wellbeing of healthcare team members, email **HeartofSafetyCoalition@stryker.com**.

About the Heart of Safety Coalition

The Heart of Safety Coalition places care team member safety at the heart of healthcare. This national community of industry leaders, learners and advocates ensures that voices are heard, connections are made, and standards are raised to inspire systemic, team and individual change that improves working and healing environments. The Coalition's three pillars of care team safety advance the Heart of Safety Declaration, which intersects the essential wellbeing principles of dignity and inclusion, physical safety, and psychological and emotional safety. Driven by its mission to make healthcare better, Stryker supports and manages the Coalition.

Learn more at HeartofSafetyCoalition.com.