



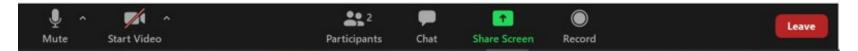




Knocking Out Workplace Violence: Strategies for Reducing & Preventing a Rising Trend

November 2, 2023

Logistics – Zoom Meeting



To ask questions, click on the **Chat** icon. At the end of the presentation, you will also be able to unmute to ask a question verbally.

You may adjust your audio by clicking the caret next to the **Mute** icon.

Resources from today's session will be shared after the call.







Health Quality Innovation Network

Today's Presenter



Tiffany Covarrubias-Lyttle, BSN, RN, PCCN

Patient Education and Nurse Wellness Coordinator and ADT Manager Centra Nurse Advisor for the Stress First Aid Program – American Nurses Foundation









Session #1

Supporting Employees Following Workplace Violence & Stressful Events

Learning Objectives

- Define workplace violence
- Describe the impact of workplace violence and stressful events on healthcare workers
- Provide an overview of Centra Health's Workplace Violence Response Toolkit



Supporting Employees Following Workplace Violence & Stressful Events

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What is Workplace Violence?

Workplace violence (WPV) is defined by the Occupational Safety and Health Administration (OSHEA) and the American Nurses Association (ANA) as:

ANY act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior like physical, sexual, and psychological assaults that occurs at the work site. It can affect and involve healthcare workers, patients, family members, customers and visitors. WPV ranges from threats and verbal abuse to physical assaults and even homicide. {1} {2}



The Numbers



Healthcare workers in inpatient facilities experience WPV at a rate of 5-12 times higher than private sector workers. [3] OSHEA reports a 13% increase since 2019. [2]



20-60% of victims are under-reporting, particularly when the victim is a minority or female. [1, 5]



1:4 Nurses have been assaulted. [1]



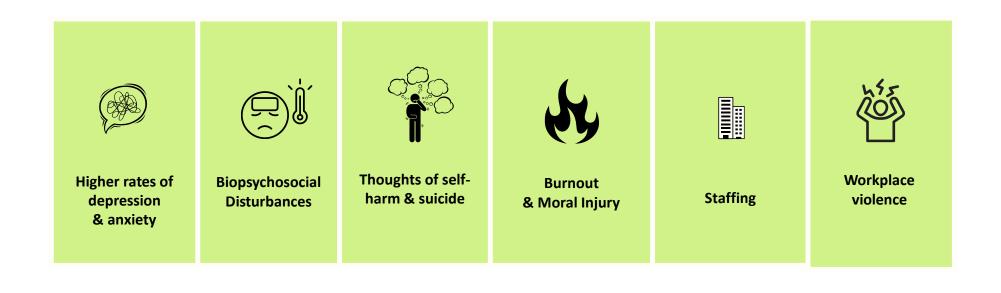
Verbal abuse & bullying put the nurses, patients, and systems at risk of harm [6] & is a contributor to burnout and the nursing shortage. [7,8,9]



13% of missed workdays are reported to have been after WPV [1].



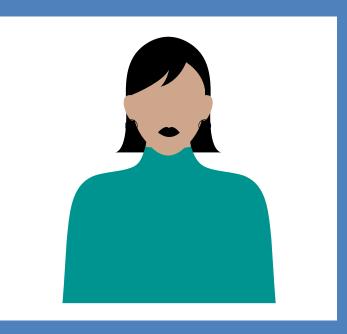
Stress in Health High Stakes – High Emotion



Poll

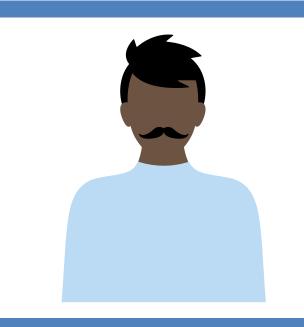
How well do you feel prepared for taking care of your teams when they are facing moments of crisis?

Scale: 1 (not prepared) – 4 (very prepared)



- Self-Actualization
- Esteem
- Social
- Safety
- Physiological Needs





Maslow's Hierarchy of Needs

The Future of Nursing 2020-2030 - Charting a path to achieve health equity.



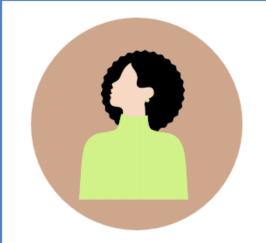
Extrinsic factors

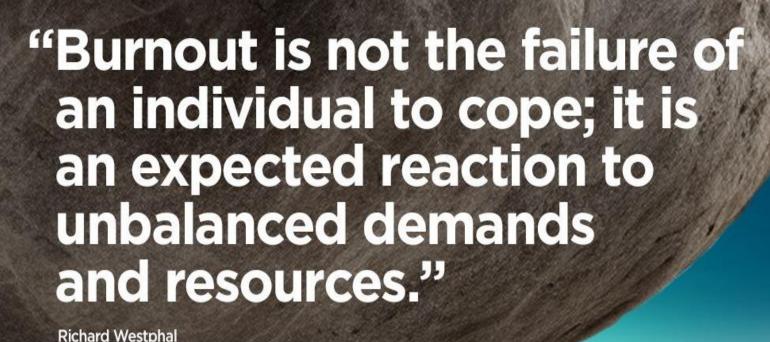
Social norms
Social support
Role modeling
Financial & time constraints
Institutional support

Intrinsic Factors

Personal characteristics & beliefs
Perceived benefits & barriers
Self-efficacy
Gender & age
Fatigue
Habituation

Depression & Anxiety





Richard Westphal PhD, RN, PMHCNS-BC, PMHNP-BC, FAAN



Stress & Burnout
PREVENTION PROGRAM

Efforts to address WPV

Efforts to prevent violence

 Robust efforts to prevent WPV from taking place.

Response to violence

 Rare responses to WPV after it takes place.



Workplace Violence Toolkit

Leadership Packet

- Infographic
- Rack Card

Employee Packet

- Letter from Chaplains
- Infographic on What Feelings to Expect
- Local Resources
- "When its Process and Not Person"
- QR Codes









After the employee is safe, take a nause to evaluate the steps. Emotions run high after member may not know they



Communicate



mmediately communicate the Help the team member fill out an RL6. Normalize that filling this out is not vent to your supervisor, HR partner, EAP and/or CNO. punitive but part of creating a nealthier environment for us all





Treat the Injury

them with time to center.

pordinate for the employee to have

their physical and emotional injuries

treated before returning back to work

Allow the employee time away from

the floor to assess their situation and

call their support system. Provide

Workplace Violence Toolkit

Communication Roll Out

- Located on the Internal Website
- Huddles
- Leadership Forum
- Manager Meetings
- Part of the Safety Reporting Process
- Poster in Milieu Areas
- Rack Cards in Charge/Supervisor Areas
- Coordinated with Code Lavender Response Teams

Resources After Workplace Violence



Report

Be comfortable reporting the event, near misses, and threats. Speaking up helps keep us all safer and you will not be in trouble for reporting the truth.



EAP (Employee Assistance Program)

Visit EAP at hw4me.com/eap to connect with trauma-informed counselor or to get connected with community resources. You may also call the warm-line 434.200.6000. For an emergency call the 988.



Stay Connected

Stay connected and know your resources for trauma and violence survivors. Visit nsvrc.org



Knowledge

After an event has occurred, it is NOT UNCOMMON to experience

- · Numbing of feelings &
- withdrawal from others
- Depression · Sleep difficulties
- Substance use
- "Bargaining"- The 'would have/should have" game Flashbacks or reliving the event
 Tension at home with marital & family relationships
 - · Overwhelming emotions



Health & Wellness Resources

- · Expect the event to bother you
- · Maintain a healthy diet and exercise (movement)
- Take time to do things you enjoy, leisure activities
- · Give yourself grace and remember that post event consequences are typical
- · Spend time with family, friends, and co-workers
- Reach out for support: Healthworks EAP, counseling. faith-based support and/or your Primary Care Physician







** AMERICAN NURSES | Stress First Aid Stress Continuum

	Ready	Reacting	Injured	III
Definition	 Optimal functioning Adaptive growth Wellness	Mild or transient distress and impairmentAlways goes awayLow risk	 More severe and persistent distress or impairment Leaves a scar Higher risk	 Clinical mental disorder Unhealed stress causing life impairment Highest risk
Features	 At one's best Well-trained and prepared In control Physically, mentally, and spiritually fit Mission-focused Motivated Calm and steady Having fun Behaving ethically 	 Feeling irritable, anxious or down Loss of motivation Loss of focus Difficulty sleeping Muscle tension or other physical changes Not having fun 	 Loss of control Panic, rage, or depression No longer feeling like normal self Excessive guilt, shame, or blame Misconduct 	 Symptoms persist and worsen over time Severe distress, social or occupational impairment
Causes		Any stressor	Life threatLossMoral injuryWear and tear	PTSDDepressionAnxietySubstance use disorders

The Warm Line

24/7 Crisis Line

- Confidential
- Trauma-informed EAP
- Tie into resources now or later.

Code Lavender



Launched throughout system

- LGH 2 with 1 modified for OR
- VBH 2 with 1 modified for BH
- CSCH -1
- BMH 1
- Multiple CMG Offices

Team: Who is here serving the patients already?

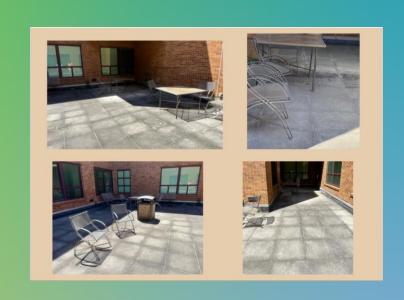
- Chaplains
- Wellness
- Patient Experience
- Pet Therapy
- Behavioral Health
- Leadership
- Trauma Acupuncture

W.I.S.E - Wellness in Stressful Events

Follow up with second syndrome victims

Oasis

Respite For Healthcare Teams – Empowering Cultural Milestones – Reducing Carbon Footprint





Poll

How well do you feel prepared to care for yourself in the face crisis?

Scale: 1 (not prepared) – 4 (very prepared)

We need you

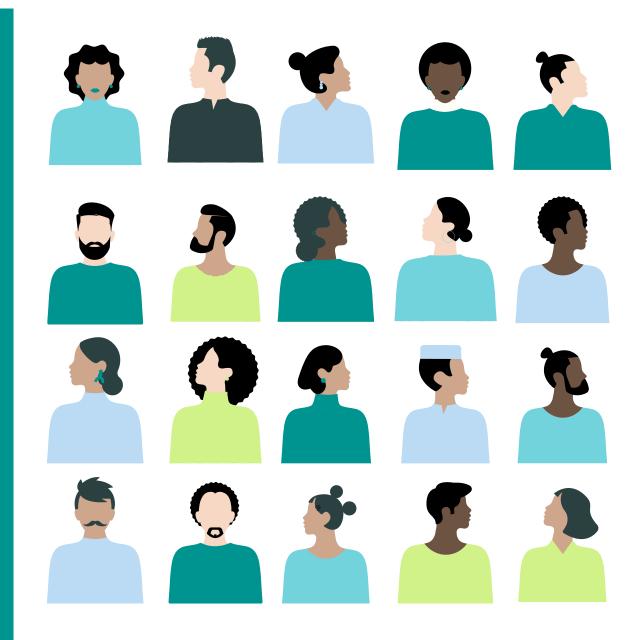
Engage in your own health and wellness

Keep regular wellness appointments

Be vulnerable

Engage in mental wellness practices

Pass it on/Mentor



Free Stress First Aid: Self-Assessment







Resources

- Need to be approachable
- Need to be accessible
- Need to be useful

Barriers

- Show us what tools to use
- Give us strength
- Give us insight
- Get us closer to the treasure

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Upcoming Events

Knocking Out Workplace Violence

- Affinity Group #1: Tuesday, November 7 | 1-2pm ET
- Learning Session #2: Wednesday, November 15 | 1-2pm ET

November Office Hours

"Barriers and Solutions for Implementing the NHSN Antimicrobial Use and Resistance Module"

Thursday, November 9 | 12-12:30pm ET







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Call 877.731.4746 or visit www.hqin.org



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