Workplace Violence in the Healthcare Setting

A staff support approach to traumatic events

JOHNS HOPKINS MEDICINE

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Johns Hopkins Hospital

- Established in 1889
- Urban academic medical center
- Designated as one of the top 5 hospitals in the nation for all 32 years of the US News and World Report rankings
- 4-time magnet designated for nursing excellence

(Fast Facts: Johns Hopkins Medicine, 2022)

National Crisis

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Types of WPV

- Type I: Criminal Intent
- **Type II: Client on Worker**
- Type III: Worker on Worker
- Type IV: Personal Relationship

(Types of workplace violence, 2020)

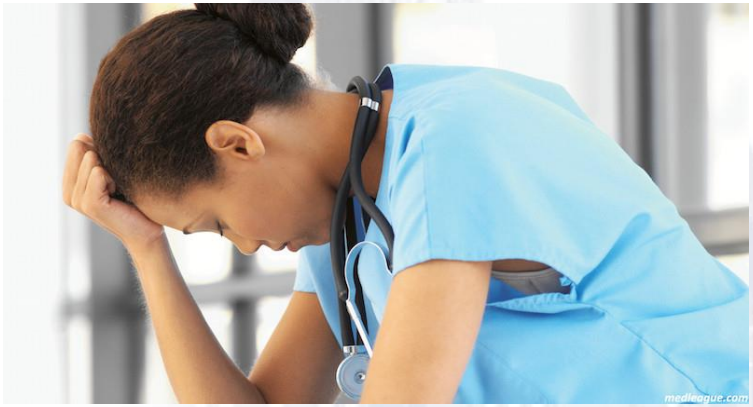
Staggering Data: WPV Incidents

- All sectors: 2.1 incidents/ 10,000 FTEs
- Healthcare: 10.4 incidents/10,000 FTEs
- Hospital workers: 12.8/10,000 FTEs
- Psychiatry: 124.9/10,000 FTEs

(Fact Sheet/Workplace Violence in Healthcare, 2020)

Costs of WPV

- High staff emotional distress
- Poor staff satisfaction
- Burnout
- Absenteeism
- Cost of workman's compensation
- Turnover ($27,000-$103,000 per nurse)
- Patient care suffers



(Li, 2012)

New Accreditation Standards

New standards include:

- an annual worksite analysis to manage safety and security risks;
- having processes for monitoring, reporting and investigating WPV events;
- WPV prevention program including education & training;
- and creating a culture of safety and quality

(The Joint Commission, 2022)

Leadership Standard LD.03.01.01:

Leaders create and maintain a culture of safety and quality throughout the hospital.

The hospital has a workplace violence prevention program that includes **"a process for follow up and support to victims and witnesses affected by workplace violence, including trauma and psychological counseling, if necessary."**

(The Joint Commission, 2022)

Staff Distress

R.I.S.E.
Resilience in Stressful Events

- Peer support program established in 2011 to provide support for all healthcare staff at JHH who have been involved in a stressful patient-related event.
  - Medication error
  - Adverse events
  - Violent or aggressive events
- Culture of blame vs. culture of safety

How does it work?

- Adverse event: Rise is paged
- Call back within 30 minutes
- 1:1 or group meeting is scheduled for within the next 12 hours
- RISE responder: psychological first aid and emotional support
- Confidential
- Resources

R.I.S.E. Team

- Team members apply to be a part of the responder group
- Training:
  - psychological first aid (form of early intervention to address emotional distress)
  - Monthly sessions: cases discussed, skills practiced
  - Debriefings
  - Annual refreshers

Principles of the Peer Responder

DO:

- Show up
- Stay calm
- Listen
- Empathize
- Maintain confidentiality

R.I.S.E. by the Numbers

- Since its inception on 11/2/2011:
  - 6,000+ peer support encounters
    - March, 2020-present: 4,000+
  - 124 encounters related to WPV
  - Most WPV encounters were group focused
  - Calendar year 2019 had largest number of encounters for WPV, at 48

Cost-Benefit Analysis

JHH economic eval of R.I.S.E.

Results: net monetary benefit savings of US $22,576.05 per nurse who initiated a RISE call.

Budget impact analysis: organizational savings of up to $1.81 million each year because of the RISE program.

Phases of Implementation

Conception/ Planning

Launch/ Execution

Maintain

Get Started

Assess Organization's needs

Engage stakeholders

Launch awareness campaign

Provide training

Action

Provide Training

Market to front line staff

ID and respond to stressful events

Sustain

Trainings/refreshers

Frequent engagement of organizational leaders/front line staff

Ongoing eval of program

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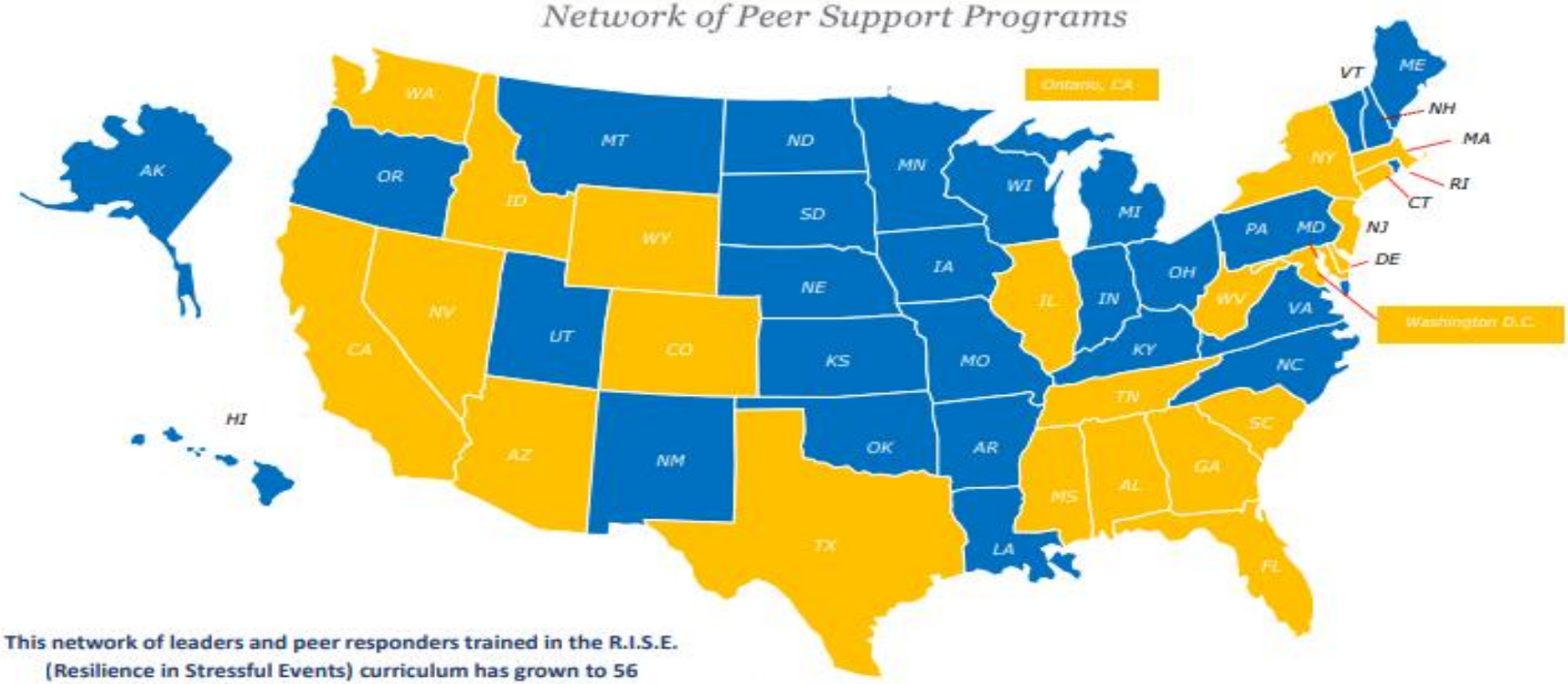
CFC RISE PARTNER

Network of Peer Support Programs

MARYLAND *Patient Safety* CENTER



This network of leaders and peer responders trained in the R.I.S.E. (Resilience in Stressful Events) curriculum has grown to 56 organizations, which encompasses 90 different acute care hospitals four provider groups, three veterinary groups, and one school of nursing. Some of these are new as of 2022, and some have been a part of this collaboration since 2011.

Connecting our partners with colleagues across the country has proven to be an effective tool for shared experiential learning and creative best practices.

www. marylandpatientsafety.org/Caregiver

Testimony

"I just want to thank you and let you know that the R.N. supported by RISE is thriving in her job like never before. In fact, she is now teaching in the simulation lab. She recovered from this event and is helping to improve patient safety in our department."

D. J. ,Peer Responder, The Johns Hopkins Hospital

How can I get more information?

- JHH Patient Safety Office:
  - Cheryl Connors, RISE Program Director, ccicio1@jhmi.edu
  - Contact for more detailed program information

- Maryland Patient Safety Center
  - **Anna Koerbel**, Director of Business Development and Marketing akoerbel@marylandpatientsafety.org
  - Contact for questions re: logistics/prices

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