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On Webinars

Workplace Safety: Creating a Culture of Care and Respect November 6

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12:00

Contact UNCLCN

Paul Portman
MD, MS, MEd, PhD

Catherine Carr
MD, MS, MEd, PhD

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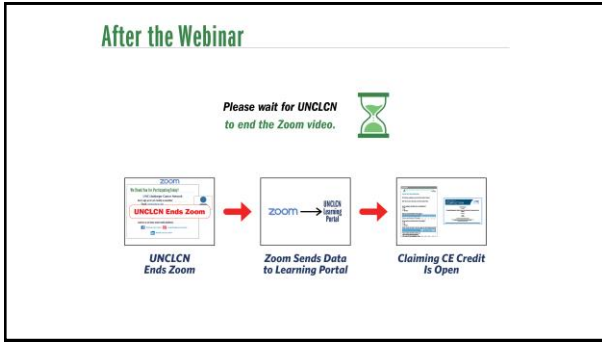
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Our Presenter



Paul Perryman,
MSN, RN, NE-BC

Paul is a second career nurse after being a middle school and high school science teacher. In 2008, Paul began his nursing career in a medical step-down unit and progressed to the Cardiothoracic ICU where he advanced through the clinical ladder over the course of 5 years. In 2016, eager for an opportunity to lead a team of nurses, Paul took a step outside his critical care box towards Inpatient Psychiatry. During his time there he has managed Geropsychiatry, Adult Crisis, Perinatal Psychiatry units as well as the Electroconvulsive Therapy Clinic. In 2020, Paul was given the opportunity to serve as the Associate Director for Inpatient Psychiatry at UNC Hospitals with a primary responsibility at the Chapel Hill Campus as well as Interim Associate Director as he helped plan for the opening of the youth Behavioral Health Hospital in Butner, NC.

During his time in Psychiatry, Paul has served as Co-Chair for the Workplace Safety Program Council, started a Behavioral Response Team Oversight Committee and coordinated the opening of a COVID Psychiatric Unit. He currently services as Director for Inpatient Medicine Services at UNC Hospitals.

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Our Presenter

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Our Presenter

- 4. Paul Perryman, MSN, MS, RN, NE-BC, provided active support in the opening of the Youth Behavioral Health Hospital in Butner, NC

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Our Presenter

- 4. Paul Perryman, MSN, MS, RN, NE-BC, provided active support in the opening of the Youth Behavioral Health Hospital in Butner, NC
- 3. He worked on the development of the Behavioral Response System and Oversight Committee for UNC Hospitals - Chapel Hill Campus

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Our Presenter

- 4. Paul Perryman, MSN, MS, RN, NE-BC, provided active support in the opening of the Youth Behavioral Health Hospital in Butner, NC
- 3. He worked on the development of the Behavioral Response System and Oversight Committee for UNC Hospitals - Chapel Hill Campus
- 2. He was named one of North Carolina Great 100 Nurses

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Our Presenter

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- 3. He worked on the development of the Behavioral Response System and Oversight Committee for UNC Hospitals - Chapel Hill Campus
- 2. He was named one of North Carolina Great 100 Nurses
- 1. He was named Nurse Manager of the Year for UNC Hospitals in 2019.

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Our Presenter



Catherine Capp,
MSN, RN, NE-BC

Catherine Capp, MSN, RN, NE-BC, is the Associate Nursing Director at UNC Health Hillsborough Campus, a 163-bed hospital. With over 20 years of experience at UNC Health, Catherine began her career as a nursing assistant and steadily advanced to hold a variety of leadership roles. She co-chairs the Workplace Safety Program Council for UNC Medical Center and co-directs the house-wide Falls Council. Catherine is also an active leader in the community, serving on the leadership team of Central Carolina Women in Business with the Hillsborough Chamber of Commerce. She earned her BSN and MSN degrees from UNC Chapel Hill.

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Our Presenter

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Our Presenter

3. Catherine Capp, MSN, RN, NE-BC lead and achieved organizational goal efforts in FY24 to train a Workplace Safety Champion on every inpatient unit at UNC Medical Center.

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Our Presenter

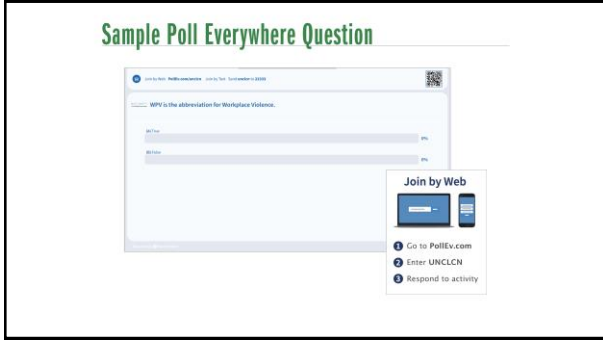
3. Catherine Capp, MSN, RN, NE-BC lead and achieved organizational goal efforts in FY24 to train a Workplace Safety Champion on every inpatient unit at UNC Medical Center.
2. Since Hillsborough opened nine years ago, Catherine has led Carolina Care efforts. Hillsborough Campus is a four-time winner of the Press Ganey Guardian of Excellence Award, awarded to hospitals in the top 5th percentile for patient experience in country.

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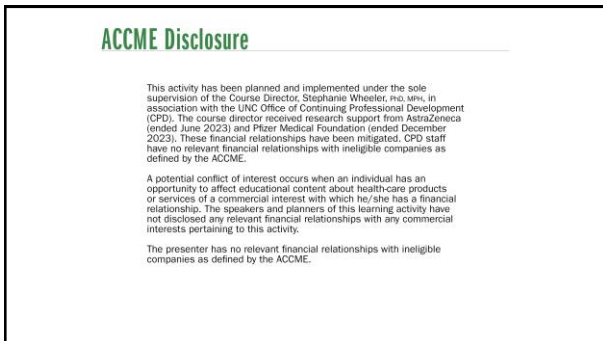
Our Presenter

3. Catherine Capp, MSN, RN, NE-BC lead and achieved organizational goal efforts in FY24 to train a Workplace Safety Champion on every inpatient unit at UNC Medical Center.
2. Since Hillsborough opened nine years ago, Catherine has led Carolina Care efforts. Hillsborough Campus is a four-time winner of the Press Ganey Guardian of Excellence Award, awarded to hospitals in the top 5th percentile for patient experience in country.
1. During Catherine's time as the Nurse Manager of the Inpatient Surgery unit, the Hillsborough Campus earned Total Hip and Knee Replacement Certification through The Joint Commission.

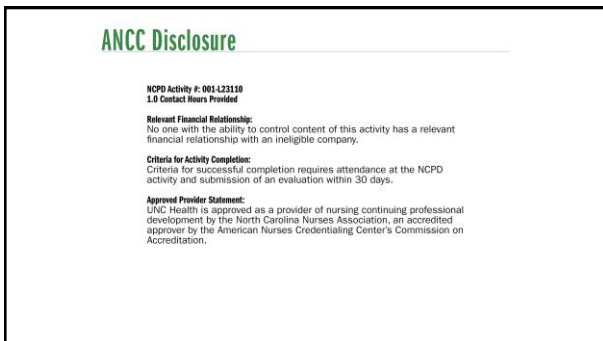
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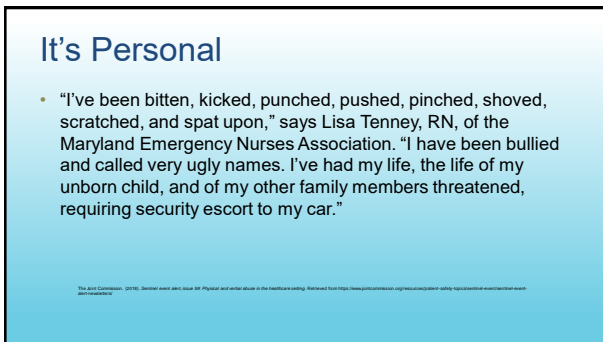
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Workplace Violence in Oncology Settings

- Literature focuses on high-risk settings such as emergency departments and mental health settings
- Oncology settings have high risk for WPV
- All clinical settings can benefit from WPV resources
- WPV trends in Oncology settings worsened during pandemic
 - Many patient and family stressors that were always present in Oncology settings made worse by pandemic regulations (visitor restrictions, delayed treatments, resource scarcity, patient fears)

Christensen, S. S., Snyder, C., Parkin, E. D., & Austria, M. J. (2023). Understanding the impact of nurse staffing on patient outcomes in oncology settings. *Clinical Journal of Oncology/Nursing*, 27(5), 648-653. Oncology Nursing Society. <https://doi.org/10.1188/0000000000000000>
<https://doi.org/10.1188/0000000000000000>

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Defining Workplace Violence



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Working Definition of WPV at UNC Hospitals



Any violent action that may cause physical or emotional harm directed at persons at work or because of their work

Meender, et al. (2016). *Practitioner healthcare workers: The importance of addressing the intersection of workplace violence and mental health and wellness*. San Francisco: Occupational Safety and Health. OSHA. (2016). <https://www.osha-slc.gov/occupational-safety-and-health/>

30

Workplace Violence may be:


- Vertical
- Lateral/Horizontal



Memorandum et al. (2016). Promoting our healthcare workers: The importance of addressing the intersection of workplace violence and mental health and well-being. National Institute for Occupational Safety and Health. 2016, May 26. OSH Blog: <https://blog.osha-slc.gov/2016/05/26/promoting-our-healthcare-workers/>

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To be considered Workplace Violence:



- An action does not have to be done on purpose
- A person does not have to feel harmed
- An underlying diagnosis is not considered

Memorandum et al. (2016). Promoting our healthcare workers: The importance of addressing the intersection of workplace violence and mental health and well-being. National Institute for Occupational Safety and Health. 2016, May 26. OSH Blog: <https://blog.osha-slc.gov/2016/05/26/promoting-our-healthcare-workers/>

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One Event -



- May affect multiple staff
- Either through
 - direct contact
 - because the event created a hostile environment

Memorandum et al. (2016). Promoting our healthcare workers: The importance of addressing the intersection of workplace violence and mental health and well-being. National Institute for Occupational Safety and Health. 2016, May 26. OSH Blog: <https://blog.osha-slc.gov/2016/05/26/promoting-our-healthcare-workers/>

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5 Domains of Workplace Violence



- Threats
- Physical
- Verbal/written
- Harassment
- Bullying/intimidation/hostility & other disruptive behaviors

Reynolds et al. (2018). Promoting an healthier workplace: The importance of addressing the intersection of workplace violence and mental health and wellbeing. National Institute for Occupational Safety and Health. <https://www.cdc.gov/niosh/publications/2018-1001.html>

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Regulatory Requirements



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How often are Hospitals required to assess the organization's workplace violence program?

Annually	0%
Quarterly	0%
Monthly	0%
Weekly	0%

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The Joint Commission

- Environment of Care
 - Annual assessment and risk mitigation action plan
 - System to monitor, report, and investigate WPV events
- Human Resources
 - Program must provide training and education at time of hire, annually, and with changes to WPV program
- Leadership
 - Prevention program must be led by designated individual and have multidisciplinary members
 - Program includes WPV prevention and follow-up policies and process to review events, analyze trends, provide follow up

Adapted from: The Joint Commission's New and Revised Workplace Violence Prevention Standards for Hospitals. A Major Step Forward: Trends, Improved Quality and Safety. J. Clin. Oncol. J. Qual Patient Saf. 2012;32(10):987-995. doi:10.1191/jqps.2012.03.001. Equiv. 2012;32(10):987-995. doi:10.1191/jqps.2012.03.001

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Strategies for Workplace Violence Prevention



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Inpatient Scenario

You walk into a patient's room to get a POC blood glucose before breakfast trays arrive. The patient, Mr. Smith, yells at you to "Get out of my room! I am not getting pricked by another needle!" You know his blood glucose levels are needed before he gets his insulin. What do you do?

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Based on the Scenario just presented your action should be


- Tell the patient that he has a duty to himself to get his blood sugar taken when it is scheduled. 0%
- Give the patient a choice of getting his blood sugar now or at a time that they think would work in the next 30 minutes before breakfast arrives. 0%
- Tell the patient that you know what is best and to buckle up for the ride to health. 0%
- Give in to the patient's resistance for a blood sugar and hope for the best. 0%

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De-escalation Strategies


- Respect personal space
- Actively listen
- Maintain distance
- Use nonthreatening verbal communication – narrate your care



The Joint Commission (2015). Quality of De-escalation in Health Care. <https://www.jointcommission.org/resources/standards-support-system/files/2015-04-21-De-escalation-in-Health-Care.pdf>

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De-escalation




Don't:

- Move too quickly
- Touch unless necessary
- Use defensive tone of voice, language, or nonverbal positions

The Joint Commission (2015). Quality of De-escalation in Health Care. <https://www.jointcommission.org/resources/standards-support-system/files/2015-04-21-De-escalation-in-Health-Care.pdf>

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STAMP




- Staring and eye contact
- Tone and volume of voice
- Anxiety (shaking, tearful, dilated pupils, "freeze")
- Mumbling
- Pacing

1. Center for Disease Control and Prevention. (2020). Working with healthcare workers: The importance of addressing the intersection of workplace violence and mental health and wellness. <https://www.cdc.gov/workplaceviolence/working-with-healthcare-workers.html>
2. The Joint Commission. (2023). Quick safety #7: De-escalation in health care. <https://www.jointcommission.org/resources/quick-safety/alerts/alerts-and-updates/alerts/2023/07/quick-safety-7-de-escalation-in-health-care/>

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Perryman Care Cycle

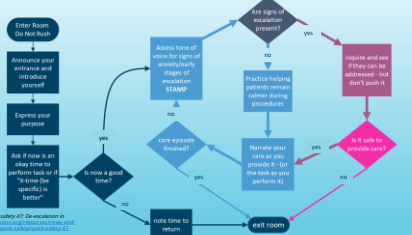


- Establish a daily routine
- Moments of Caring:
- Provide choices:

The Joint Commission. (2023). Quick safety #7: De-escalation in health care. <https://www.jointcommission.org/resources/quick-safety/alerts/alerts-and-updates/alerts/2023/07/quick-safety-7-de-escalation-in-health-care/>

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Perryman Care Cycle

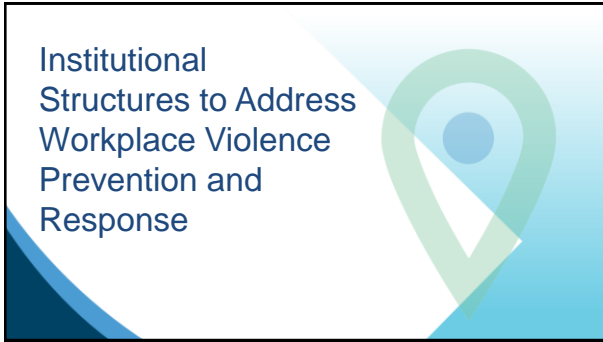


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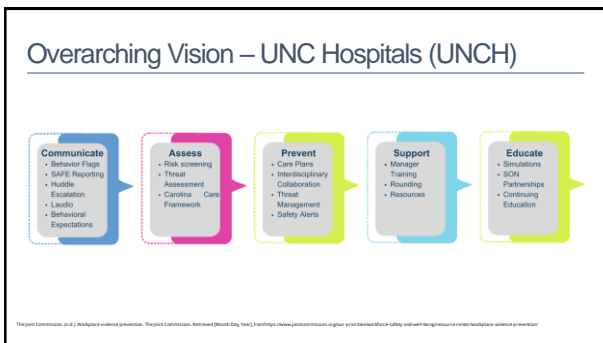
    graph TD
      Start([Enter Room Do Not Rush]) --> Announce[Announce your presence and introduce yourself]
      Announce --> Express[Express your purpose]
      Express --> Ask[Ask if now is an ideal time to perform task or if "later" the specific is better]
      Ask --> Good{Is now a good time?}
      Good --> No[no] --> Note[note time to return] --> Exit([exit room])
      Good --> Yes[yes] --> STAMP[Assess tone of voice for signs of anxiety/early signs of escalation. STAMP]
      STAMP --> Signs{Are signs of escalation present?}
      Signs --> No[no] --> Practice[Practice helpful actions/verbal "calmer" during procedure]
      Signs --> Yes[yes] --> Offer[Offer and see if they can be addressed. "but don't push it"]
      Offer --> Safe{Is it safe to "accept" it?}
      Safe --> No[no] --> Note
      Safe --> Yes[yes] --> Increase[Increase your calm as you proceed to let the task as you perform it]
      Increase --> Done{Task complete?}
      Done --> Note
      Done --> Exit
  
```

The Joint Commission. (2023). Quick safety #7: De-escalation in health care. <https://www.jointcommission.org/resources/quick-safety/alerts/alerts-and-updates/alerts/2023/07/quick-safety-7-de-escalation-in-health-care/>

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Sample Signage – Encouraging a Safety Culture

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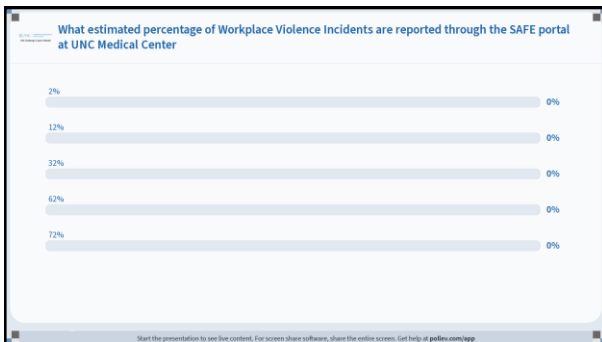
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Sample Patient Management Tip Graphic

Recognizing & Managing Disruptive Behavior in Patients & Visitors

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Underreporting of Workplace Violence

Rate of WPV reporting:
 ◊ Nationally - 12% of actual events

December 2021-February 2022

UNC MC are even lower than national averages:

2022 Workplace Safety Culture Survey
13,966

SAFE Reports
1.4%

Griffin, D. N., & Cummings, A. C. (2022). The Joint Commission's new and redesigned workplace violence prevention standards for hospitals: A major step toward ensuring they meet today's safety challenges. *Topical Commission Journal on Quality and Patient Safety*, 48(6), 434-441. <https://doi.org/10.1093/tqps/tqac014>

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Sample Platform to Report Violence - SAFE

What SAFE does

- Helps monitor WPV trends
 - Per unit, patient specific, patient population (e.g. post-op), staff population.
- Is a report that can be referenced later
- Allows upper leadership to gain insight to WPV incidents and provide individualized follow up

What SAFE doesn't do

- Activate a police response
- Punish the offending patient, visitor, or employee
- Punish the reporting staff member
- Automatically mobilize hospital WPV resources
- Directly prevent future violent behavior

orkplace Violence

The Joint Commission. (n.d.). *Workplace violence prevention: The Joint Commission. Retrieved 04/04/2024*. <https://www.jointcommission.org/standards/prevention-and-control-of-workplace-violence/>

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Sample - Safety Alert System

The Safety Alert System warns of known risks and provides instructions for safe interactions with patients and/or their visitors if they meet certain criteria.

YOUR role: The following situations may be eligible for a safety alert and should be escalated after immediate safety is established:

Weapons	Intentional violation of rules against firearms/weapons, discharging of firearm or brandishing of other types of weapons while receiving care.	Establish Safety FIRST The Safety Alert System is a communication pathway. It does NOT summon emergency response teams. Follow your setting's emergency response steps FIRST.
Assault	Physical assault with injury requiring care beyond first aid.	
Certain Types of Threats	Credible threats regarding use of items that could cause widespread or catastrophic injury such as firearms, explosives or other weapons.	

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Sample - Staff Follow up Tool - Audio

Good morning **XXXX**

I heard about your incident but **walk where your patient was verbally and physically**

Respectful toward each other. It really seems to have this has happened and am reaching out to make sure you are ok. Thank you for reporting this.

When you come to work you should feel safe and we want to do whatever we can to ensure things like this don't happen. Patient care is difficult enough without adding disruptive behavior like this. From your perspective, is there anything we could have done differently to prevent this? Are there any teaching needs or things we could do to improve safety in our workplace?

Since this incident we have had a lot of discussion about communication between our respiratory

office and nursing teams to not be better prepared when patients like this present to the

hospital

Please know that we have an employee assistance program called HeadSpace that is free and confidential should you want to talk to someone. Counselors are available to assist you 24hours a day, 7 days a week at 855-368-5547. You can also go online to receive help at [headspace.com/work-life](https://www.headspace.com/work-life) and use the company code: [unc](https://www.headspace.com/work-life)

Again, I am really sorry that this happened to you. You are a valued member of our team and your safety and wellbeing is a priority. Please reach out if you want to talk.

Stephanie

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Sample - Employee Resources

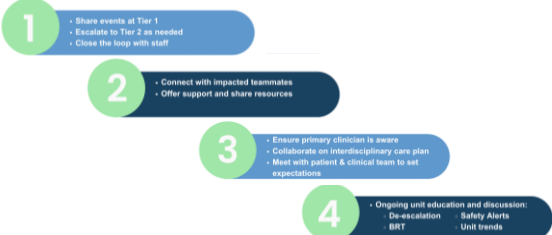


- Policy: Guidelines for management of disruptive patients and staff
- Staff signage communicating that experiencing WPV is "not part of the job"
 - CPI (Crisis Prevention Institute) Training
 - Link to the SAFE Reporting Portal
 - Information on Staff Support Resources
 - EAP (Employee Assistance Program)
 - Beacon Program
 - Taking Care of Our Own
 - Peer Support Program
 - Critical Incident Stress Management
 - Pastoral Care

UNC Health (2023). Guidelines for Management of Disruptive Patients/Events
 Incident. Retrieved from
https://www.unc.edu/lineberger_cancer_network/training/library/TrainingLibraryCompliance/2023LibraryCompliance/2023Incident.pdf

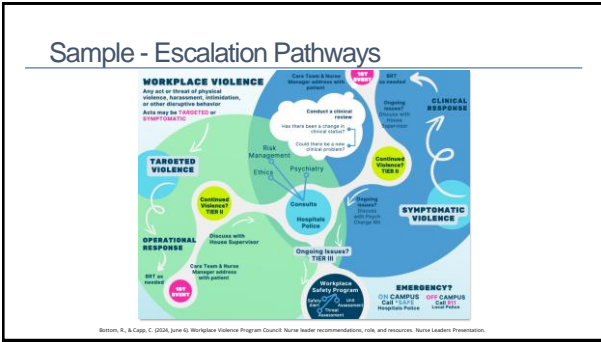
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Sample - Nurse Manager Role in Workplace Safety



Batton, S., & Capp, R. (2024, June 15). Workplace Violence Program Council.
 Work Order Recommendations, CME and Resource Needs Request
 Presentation

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Sample - Frontline Empowerment: Workplace Safety Champions



Expectations:

- Provide support and education to teammates (ex: unit-based staff meetings, posting flyers/education, huddles, etc).
- Monitor progress by reviewing workplace violence SAFE data
- Partner with manager/director to review progress, address barriers, and celebrate successes

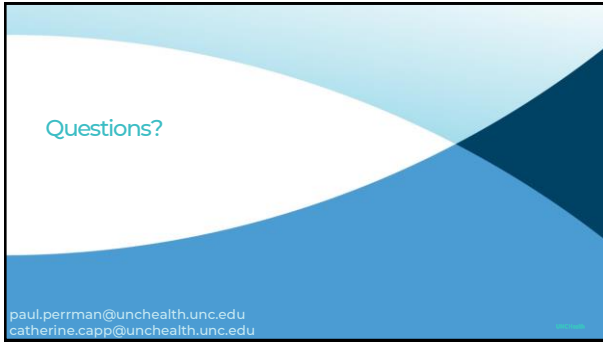
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Sample - Promoting Culture of Safety and Reporting: Workplace Safety Hero Recognition



- **Workplace Safety Hero**
 - Teammate, unit or department safety heroes are recognized monthly.
 - Honorees may be nominated for their actions or initiatives to help protect and support teammates who might experience workplace violence.

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 Linda Burhansstipanov, MSPH, DRPH, OPH-CG
 November 13 12:00 PM

The Expanding World of Cellular Therapy
 Brianne Buchanan, PA-C
 November 13 4:00 PM

Updates in Targeted Therapy for Non-Small Cell Lung Cancer
 Shetal Patel, MD, PhD
 November 20 12:00 PM

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 Tracy Vernon-Platt, DNP, ANP-BC

Multiply Myeloma in North Carolina: Updates
 Samuel M. Rubinstein, MD, MSCI

Colorectal Cancer: Epidemiology, Risk Factors, and Screening Strategies
 Lisa M. Gangarosa, MD

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