Preventing Violence in Healthcare

Gap Analysis

Note: The purpose of this gap analysis is to help healthcare facilities to implement best practices in order to prevent violence from patients to staff. The purpose is not to address disruptive behavior or staff to staff violence; those issues should be dealt with through other policies and/or procedures.

MINNESOTA
MDH
DEPARTMENT OF HEALTH

Aging Services
of Minnesota
LEADING CHANGE ∎ CHANGING LIVES

H
Minnesota Hospital Association

Care
Providers
Of Minnesota

MINNESOTA
MEDICAL
ASSOCIATION

MNA
Minnesota Nurses Association
An Affiliate of National Nurses United

Definitions

"Patient(s)" will be used globally throughout this document and refers to patients, clients, residents, and all other terms used to describe the type of individuals cared for in each provider type.

Violence in Healthcare

Violence in healthcare refers to a broad range of behaviors including, but not limited to, physical violence, threats and/or behaviors that are disruptive to (facility name's) environment and generate a concern for the personal safety of employees, visitors, patients/residents and others who are present in said healthcare facilities.

Note-While intent or lack of intent to harm may influence the response to the violence, this definition covers any incident of violence, whether or not there was intent

Examples of violence in the healthcare setting may include, but are not limited to:
- Verbal threat or nonverbal threats that express intent to harm. This can include the use of actions or words in such a way as to make another person feel fearful or unsafe.
- Physical assaults, including biting, kicking, punching, scratching, spitting, etc.

Clinical Staff

Staff that treat patients or directly care for patients (e.g. nursing, physicians, therapists, pharmacists, nursing assistants).

Non-Clinical Staff

Staff that do not provide medical treatment for patients (e.g. housekeeping, receptionists, administration, security, volunteers).

Violence Prevention Team

An interdisciplinary team/committee/workgroup that is tasked with preventing violence at their facility.

We would like to thank the following hospitals and health systems for sharing their time, expertise and stories which made the road map and tool kit possible:
- Allina Health, Minneapolis
- Centracare Health System, Saint Cloud
- Community Memorial Hospital, Cloquet
- Essentia Health System, Duluth
- HealthEast Care System, Saint Paul
- Mayo Clinic, Rochester
- Mille Lacs Health System, Onamia
- Sanford Health, Sioux Falls, S.D.
- University of Minnesota Medical Center, Fairview, Minneapolis

Preventing Violence in Healthcare Gap Analysis

	Preventing Violence in Healthcare	Specific Actions(s)	Audit Questions	Yes	No	If answered question "No" – identify the specific action plan(s) including persons responsible and timeline to complete.
S	**Safety Coordination – Violence Prevention Program**	1) Senior Leadership declares violence prevention a priority.	1a) Violence prevention is aligned with the quality and safety plan (e.g., violence prevention is visible on meeting agendas).	☐	☐	
			1b) The organization provides resources for violence prevention (e.g., time, materials, funding).	☐	☐	
		2) Assembles a violence prevention team.	2a) There is a designated individual(s) to coordinate and lead the organization's violence prevention program.	☐	☐	
			2b) The designated individual(s) has dedicated time to coordinate and lead in this role.	☐	☐	
			2c) The organization promotes a team approach to violence prevention with an interdisciplinary violence prevention team comprised of clinical and non-clinical staff.	☐	☐	
			2d) The team has at least one member that has subject matter expertise in violence prevention and/or is willing to attend additional training/education (e.g., de-escalation techniques, behavioral management).	☐	☐	
			2e) The interdisciplinary team includes representation from across the organization (e.g., nursing, medical staff, security, occupational health, human resources, local law enforcement).	☐	☐	
		3) Violence prevention team is responsible for overseeing an action plan for violence program planning, implementation and evaluation.	3a) An interdisciplinary team oversees the action plan for the violence prevention program.	☐	☐	
			3b) The action plan includes education of staff.	☐	☐	
			3c) The action plan is reviewed by the team and updated at least annually.	☐	☐	
			3d) The violence prevention program includes prevention practices for general populations and special populations such as mental health, emergency room and geriatric patients as appropriate.	☐	☐	
			3e) A process is in place to engage all levels of staff in the violence prevention planning process.	☐	☐	
			3f) The violence prevention team reviews and recommends changes to policies/procedures and training as needed.	☐	☐	

		4) Provides resources and support for violence prevention program.	4a) The organization has a process in place to report to senior leadership on the status of violence prevention efforts.		☐	☐	
			4b) Senior leadership responds to updates with continued support, resource allocation and assistance with barriers that are encountered.		☐	☐	
		5) Collaborates with local law enforcement	5a) The organization has a process for ongoing communication with local law enforcement to discuss updates on violence prevention and issues within the organization.	N/A ☐	☐	☐	
			5b) The organization works with local law enforcement to develop a role for law enforcement with violence prevention procedures and response plans at the organization.	N/A ☐	☐	☐	
A	**Accurate and Concurrent Reporting**	**Data Collection** 1) Collect data on all incidents of violence	1a) The organization has a timely reporting process (such as occurrence reporting) in place to collect information on all incidence of violence within the facility.		☐	☐	
			1b) The event documentation system (electronic or paper) is designed to capture sufficient detail about the event to allow for adequate event analysis.		☐	☐	
			1c) The organization has a central place where all reports of violence are collected and data is aggregated.		☐	☐	
			1d) The organization's data collection process captures (at a minimum) all of the suggested data elements on incidence reports. See toolkit for suggested elements.		☐	☐	
		Data Analysis 2) Analyze violent incident data for common factors and determine if interventions are effective.	2a) A process is in place for the violence prevention team to review and analyze reported incidents of violence on a regular basis		☐	☐	
			2b) Results of analysis used for learnings and improvement opportunities.		☐	☐	
			2c) Violence data is shared across the organization on a regular basis.		☐	☐	
			2d) Violence cases are routinely shared (through staff stories as well as through data) across the organization.		☐	☐	

F	Facility Culture and Accountability	1) Clearly communicate roles for violence prevention.	1a) Clinical staff understands their role regarding violence risk screening, assessment and intervention to prevent and mitigate acts of violence.	☐	☐	
			1b) A process is in place to assure non-clinical staff understands their role in the prevention and mitigation of acts of violence.	☐	☐	
		2) Implement strategies toward a violence free workplace	2a) There is a process in place for ongoing communication from leadership to staff that violence is not an accepted part of their job.	☐	☐	
			2b) There is a process in place for ongoing communication from leadership to patients/visitors that violence will not be accepted (e.g., signage, patient handouts and visitation guidelines).	☐	☐	
			2c) Organization uses information from reports and lessons learned to inform staff of what actions are being taken after events to prevent future violence.	☐	☐	
		3) Clearly communicate expectations of incident reporting.	3a) All staff (and security where applicable) confronted violent behavior are expected to report these behaviors through the organization's incident reporting system.	☐	☐	
			3b) All staff are supported by leadership in reporting all acts of violence or threats of violence.	☐	☐	
			3c) There is a process in place for ongoing communication from leadership to staff about expectations of full reporting of violent incidents.	☐	☐	
		4) Communicate daily about risk factors and high risk patients.	4a) The organization has a process in place to facilitate communication at the patient care level about patients/visitors at high-risk for violence and potential situations (e.g., daily morning huddle, shift report).	☐	☐	
		5) Frequent rounding by security	Where applicable, the organization has instituted purposeful security rounding for all patients which includes:			
			5a) A structured process for conducting rounding including clear expectations of components covered during rounds. N/A ☐	☐	☐	
			5b) Involvement of front-line staff and security in the development of rounding process. N/A ☐	☐	☐	

E	**Staff education**	1) Provide violence prevention/mitigation education for all staff	1a) Expectations and supporting education have been incorporated into new employee orientation for clinical and non-clinical staff, including, at a minimum: • Identifying situations with potential for violence • De-escalation strategies • Environmental risk assessments • Personal safety strategies • Conducting patient-specific risk assessments • Reporting of violent incidents	☐	☐	
			1b) Expectations and supporting education have been incorporated into new employee orientation for contracted staff (e.g., contracted security staff).	☐	☐	
			1c) Expectations and supporting education have been incorporated into all new provider orientation (including contracted providers)	☐	☐	
			1d) Ongoing violence prevention education for all staff and providers is provided at least annually.	☐	☐	
			1e) A process is in place to offer additional conflict and crisis intervention education, to include, de-escalation techniques training to staff working in areas prone to violence, as identified by the organization.	☐	☐	
			1f) Members of the violence prevention team have additional training on violence prevention so that they can serve as resources to their patient care areas (this may be provided through the violence prevention champions or outside opportunities).	☐	☐	
		2) Ensures staff familiarity with emergency policies and procedures	2a) A process is in place to ensure staff know and are familiar with the operation of their organization's emergency devices where applicable (e.g., personal alarms, restraints). N/A ☐	☐	☐	
			2b) A process is in place to ensure all staff are familiar with how and when to call for an emergency response team (if applicable) in the event of an act of violence or threat of violence. N/A ☐	☐	☐	
			2c) Organizational emergency response plan is integrated with the emergency preparedness plan as appropriate (active shooter, bomb treat, etc.).	☐	☐	

				Yes	No	
		3) Identify non-patients/ visitors at high risk for violence	3a) All staff have been trained to identify non-patients/visitors at risk or exhibiting at risk behaviors for violence.	☐	☐	
			3b) A structured process is in place for sharing information regarding high-risk non-patients/visitors with appropriate staff members (e.g., security).	☐	☐	
		4) Coordinate organizational risk assessments	4a) Departmental and organization wide environmental risk assessments are performed at least annually.	☐	☐	
			4b) A process is in place to coordinate risk assessments with security, environmental safety and other departments as necessary and applicable. N/A ☐	☐	☐	

Specific Action(s)	Gap Analysis Questions	Yes	No	If answered question "No" – identify the specific action plan(s) including persons responsible and timeline to complete.
	Risk Identification			
1) Formally screen and re-screen all inpatients for violence risk.	1a) The organization uses standard, reliable violence risk screening tools (i.e., BROSET tool or other standardized tool) to screen all inpatients for violence risk.	☐	☐	
	1b) The organization requires, AND has a designated place to document, formal screening of all inpatients within 8 hours of admission for inpatients.	☐	☐	
	The organization requires, AND has a designated place to document, re-screening of patient risk:			
	1c) at a frequency designated by the organization;	☐	☐	
	1d) with change in status/condition or if new information becomes available regarding violence risk (e.g., post procedure, high-violence risk medication change);	☐	☐	
	1e) post violent incident	☐	☐	
2) Identify outpatients at high risk for violence.	A structured process is in place to identify outpatients at risk for violence:			
	2a) In the Emergency Department	☐	☐	
	2b) In other outpatient areas identified by the organization as higher risk areas for violent incidents.	☐	☐	
3) Identify non-patients/visitors at high risk for violence	3a) All staff have been trained to identify non-patients/visitors at risk or exhibiting at risk behaviors for violence	☐	☐	

		3b) A structured process is in place for sharing information regarding high-risk non-patients/visitors with appropriate staff members (e.g., security).	☐	☐	
4)	Coordinate organizational risk assessments	4a) Departmental and organization wide environmental risk assessments are performed at least annually.	☐	☐	
		4b) A process is in place to coordinate risk assessments with security, environmental safety and other departments as necessary and applicable.	☐	☐	

Linked Interventions

1)	Communicate patient violence risk status as part of hand-off systems.	1a) A system is in place to alert all appropriate staff to the patient's violence-risk status.	☐	☐	
		1b) There is a process in place for communication of patient's violence risk during hand-offs or transitions.	☐	☐	
2)	Link risk analysis findings to specific interventions to individualize violence prevention plan of care.	2a) The organization has a process in place to focus interventions on specific risk factors rather than on general risk score.	☐	☐	
		2b) The organization has decision-support tools accessible (electronic or paper) that provides staff with the intervention options that should be considered based on risk score/risk factors.	☐	☐	
		2c) A process is in place for clearly defined roles regarding which staff is responsible for choosing interventions.	☐	☐	
		2d) A process is in place for documentation of chosen interventions and/or revised plan of care.	☐	☐	
		2e) A process is in place for staff to complete an individualized treatment plan for applicable patients that responds to identified risk factors and review and revise that plan as needed.	☐	☐	
3)	Link risk identification findings to specific responses for non-patients/ visitors.	3a) The organization has decision-support tools accessible (electronic or paper) that provide staff with response options that should be considered for non-patients/visitors that are identified at risk for violence.	☐	☐	

Incident Response

1)	Organization has an emergency response plan for violence.	The organization has a defined violence response plan (e.g. violence rapid response team) which includes, at a minimum:			
		1a) Clear roles for staff	☐	☐	
		1b) Clear process for staff to initiate the violence response plan in the event of a violent incident or threat of violence.	☐	☐	
		1c) Plan for conducting drills of the violence response plan at least annually.	☐	☐	

2)	Support all staff after incidents	2a) A process is in place to have immediate evaluation of all staff/visitors involved in violent incidents evaluated by medical staff.	☐	☐	
		2b) A process is in place to assure appropriate support and resources are provided to involved staff/patients/visitors immediately and on an ongoing basis (e.g. law enforcement, EAP, EOHS).	☐	☐	
		2c) A process is in place to support staff in their right to file a police report after a violent incident/threat of violence occurs.	☐	☐	
3)	Organization has a business continuity and recovery plan in place	3a) Business continuity and recovery plan includes, but is not limited to: • Policies and procedures regarding making appropriate insurance notifications after applicable violent events, such as workers 'compensation • Communication plan for internal and external (if applicable) audiences following high-profile events that is consistent with state, federal and organizational privacy requirements	☐	☐	

Learn from Events

1)	Conduct post event huddles/ debriefs.	1a) A process is in place to conduct a post-event huddle with affected staff as soon as possible after any violent event as defined by policy.	☐	☐	
		1b) A process is in place to follow-up on any issues raised in huddles.	☐	☐	
2)	Conduct analysis of events.	2a) A process is in place to conduct a root cause analysis (RCA) and/or common cause analysis of violent events as defined by policy.	☐	☐	
		2b) A process is in place for violence prevention team and/or leadership to review analyses.	☐	☐	
		2c) A process is in place for learnings from analyses to be shared across the organization.	☐	☐	