



**An Update on the
Implementation of the
Workplace Violence
Against Nurses
Prevention Grant
Program**

**As Required by
Texas Health and Safety Code
Section 105.011**



TEXAS
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Executive Summary

In accordance with the [Texas Health and Safety Code, Section 105.011](#), the nursing resource section in the Texas Department of State Health Services (DSHS), to the extent funding is available, shall administer a grant program to fund innovative approaches for reducing verbal and physical violence against nurses in hospitals, freestanding emergency medical care facilities, nursing facilities, and home health agencies.

The implementation of this new section required the adoption of rules, a contract with the Texas Board of Nursing for the transfer of money to fund the grant program, as well as the development of a Request for Applications (RFA).

The rules that established this grant program were adopted in October 2018. The execution of an interagency contract with the Board of Nursing to transfer money to DSHS to fund the grant program occurred in August 2018. A Request for Applications (RFA) was published December 17, 2018. The solicitation was open until January 31, 2019. The evaluation team reviewed 7 applications and awards were announced in March 2019. Contracts were developed and executed with all 7 applicants between April and June 2019.

Due to delays in the timeline of this project, contracts with all 7 awardees were amended to extend the grant period until October 31, 2019. After the end of the grant period, awardees submitted final project reports and gave presentations via webcast that describe the program they implemented as well as the outcomes of their program.

A total of \$654,274 was awarded to the seven recipients. They expended a total of \$509,904.72 (77.9% of awarded funds). Unexpended funds were a result of a short grant term of six-months. The short grant term did not allow for sufficient time to reallocate funds within projects or between award recipients.

With these funds, approximately 10,000 nurses received training or education on workplace violence prevention strategies or policies over the 6-month grant period. These funds were also used to procure panic alarms and buttons, Kevlar arm protecting sleeves, signage, and to improve digital reporting systems that would increase the safety of nurses and many other direct patient care staff across more than 15 participating hospitals.

1. Introduction

In accordance with the [Texas Health and Safety Code, Section 105.011](#), the nursing resource section in the Texas Department of State Health Services (DSHS), to the extent funding is available, shall administer a grant program to fund innovative approaches for reducing verbal and physical violence against nurses in hospitals, freestanding emergency medical care facilities, nursing facilities, and home health agencies.

The nursing advisory committee, established by [Texas Health and Safety Code, Section 104.0155](#), serves in an advisory capacity for this grant program. For the 2018-2019 grant cycle, the advisory committee assigned a taskforce to assist with the development of the RFA and evaluation of applications.

At least annually, the nursing resource section is required to publish a report that describes the grants awarded through the program, including the amount and purpose of the grant, and the reported outcome of the approach used by the grant recipient.

This report includes a description of grants awarded during the Fiscal Years 2018-2019 grant cycle and the outcomes of each project as reported by the grant recipients. Detailed project reports submitted by each grant recipient are included in Appendix A-G. Please note that there may be slight differences in dollar amounts reported in the summaries of this report than what was reported by the grantee in their project report. The amounts in the summaries have been verified by Department of State Health Services budget staff.

2. Background

The Occupational Safety and Health Administration (OSHA) reports that each year almost two (2) million Americans are victims of violence in the workplace.¹ Violence in the workplace has become a serious concern for nurses because they have the highest risk among health professionals to become victims due to having the most interaction with patients.² A 2011 American Nurses Association (ANA) study found that concerns of on-the-job assault among nurses increased from twenty-five percent (25%) in 2001 to thirty-four percent (34%) in 2011.³ Key findings from the ANA in 2016 also found that twenty-five percent (25%) of nurses and nursing students were physically assaulted, and half of nurses claimed they were bullied in some manner in the workplace.⁴ The number of reported incidents may be higher as well because a vast amount of violent incidents are not reported.^{5,6} The effects of

¹ Occupational Safety and Health Administration. Safety and Health Topics: Workplace Violence Overview. <https://www.osha.gov/SLTC/workplaceviolence/index.html>. Accessed February 4, 2020.

² National Institute for Occupational Safety and Health. Violence: Occupational Hazards in Hospitals. <https://www.cdc.gov/niosh/docs/2002-101/pdfs/2002-101.pdf>. Accessed February 4, 2020.

³ American Nurses Association. Health and Safety Survey. <https://www.nursingworld.org/practice-policy/work-environment/health-safety/health-safety-survey/>. Accessed February 4, 2020.

⁴ American Nurses Association. *Health Risk Appraisal (HRA), Executive Summary: Key Findings: October 2013-October 2016*. https://www.nursingworld.org/~4aeceb/globalassets/practiceandpolicy/work-environment/health--safety/ana-healthriskappraisalsummary_2013-2016.pdf. Accessed February 4, 2020.

⁵ Occupational Safety and Health Administration. Safety and Health Topics: Workplace Violence Overview. <https://www.osha.gov/SLTC/workplaceviolence/index.html>. Accessed February 4, 2020.

⁶ Occupational Safety and Health Administration. Workplace Violence in Healthcare: Understanding the Challenge. <https://www.osha.gov/Publications/OSHA3826.pdf>. Accessed February 4, 2020.

workplace violence include minor and serious physical injury, psychological trauma, and even death.⁷ Violence in the workplace also has negative organizational consequences, including low worker morale; increased worker turnover; a hostile working environment; and reduced trust of management and other coworkers.⁸ Research suggests that a comprehensive workplace violence prevention program can effectively reduce workplace violence.⁹

In 2016, the Texas Center for Nursing Workforce Studies conducted a study on workplace violence that consisted of two surveys: one of individual nurses and their personal experience with workplace violence and one of employers of nurses that included questions related to practices and strategies used by their organizations to prevent workplace violence against nurses. The employer survey was conducted again in 2018.

The individual nurse study found that most nurses had experienced some kind of violent act in the workplace in the past twelve (12) months. Verbal abuse was the most common type of workplace violence experienced by responding nurses; and patients were the most commonly reported group to commit violence.¹⁰

Results from the employer surveys found that the majority of responding facilities had implemented a program or policy that includes prevention of workplace violence against nurses. Most facilities' policies included workplace violence

⁷ National Institute for Occupational Safety and Health. Violence: Occupational Hazards in Hospitals. <https://www.cdc.gov/niosh/docs/2002-101/pdfs/2002-101.pdf>. Accessed February 4, 2020.

⁸ Id.

⁹ Occupational Safety and Health Administration. Workplace Violence in Healthcare: Understanding the Challenge. <https://www.osha.gov/Publications/OSHA3826.pdf>. Accessed February 4, 2020.

¹⁰ Department of State Health Services. Texas Center for Nursing Workforce Studies. Workplace Violence Against Nurses in Texas. 2016. <https://www.dshs.state.tx.us/legislative/2016-Reports/DSHS-Report-HB2696.pdf>. Accessed February 4, 2020.

prevention training, assessment of work areas for risk factors, required reporting of incidents, and investigation of reported incidents.^{11,12}

House Bill 280, 85th Texas Legislature, Regular Session, 2017 added Section 105.011 to the Health and Safety Code to allow the TCNWS to administer a grant program to fund innovative approaches for reducing verbal and physical violence against nurses in hospitals, freestanding emergency medical care facilities (FECs), nursing facilities, and home health agencies.

The implementation of this new section required the adoption of rules, a contract with the Texas Board of Nursing for the transfer of money to fund the grant program, as well as the development of a Request for Applications (RFA). The implementation of these activities left six months for grant recipients to implement funded programs.

¹¹ Id.

¹² Department of State Health Services. Texas Center for Nursing Workforce Studies. Workplace Violence Against Nurses Facility Survey. 2018. https://www.dshs.texas.gov/chs/cnws/WorkforceReports/2018_WPVAN.pdf. Accessed February 4, 2020.

3. 2018-2019 Grant Award Projects and Outcomes

Grant Award Overview

A total of \$654,274 was awarded to the seven grant recipients. They expended a total of \$509,904.72 (77.9% of awarded funds). To be an eligible applicant, a respondent had to be a hospital, long term care facility, home health agency, or freestanding emergency medical center; or a partnership between one of the types of facilities and an institution of higher education; or a partnership between one of the types of facilities and a researcher, consultant, or community entity with relevant expertise in workplace violence prevention.

To meet program requirements, applicants had to provide a detailed explanation of their program or plan, document how the program would achieve the goals of reducing verbal and physical violence against nurses in their facility and propose performance metrics for measuring short and long-term outcomes of the program.

Awarded applicants were required to provide interim projects report that described expenditures, the progress on the implementation of their project and proposed performance measures, as well as final project report due 30 days after the end of the grant period.

Table 1 lists the seven award recipients and the amount they were awarded. High-level summaries describing the projects and their outcomes are available below. More detailed information is available in Appendices A through G.

Table 1. Grant Recipients and Amounts Awarded

Grant Recipient	Amount Awarded
Baylor Scott & White All Saints Medical Center	\$47,802
Baylor Scott & White Medical Centers	\$36,162
Encompass Health Rehabilitation Hospital of The Woodlands	\$9,407
Houston Methodist Hospital	\$90,000
Methodist Health System Foundation	\$89,903
Midland Memorial Hospital	\$56,000

Grant Recipient	Amount Awarded
Parkland Health & Hospital System	\$325,000

Baylor Scott and White All Saints Medical Center

Baylor Scott & White All Saints Medical Center was awarded \$47,802 to implement a multi-faceted training program that included the creation of online learning modules, as well as the development and implementation of face-to-face learning groups that incorporated videos and facilitator guides for both hospital leadership and non-supervisory nurses.

Through their training program, 806 nurses completed the online learning modules and 181 nurses participated in the face-to-face training sessions. While this facility did not meet the proposed goal of decreasing reported incidents by 10% during the grant period, the project directors report that this program was still successful. Instead of their training program reducing reported incidents during the grant period, this facility experienced an increase in the number of reported incidents and attributes it to the increased knowledge among their nurses of workplace violence and their facility's focus on eliminating it. They also report that, anecdotally, staff members expressed that the videos and case examples that were developed for the face-to-face training were effective.

The training resources developed with these grant funds will continue to be available to staff beyond the grant period. The case examples and online learning modules have been integrated into the onboarding process at this facility. The online learning modules and case examples will also be available to other hospitals within the Baylor Scott and White Hospital System.

Of the \$47,802 awarded to Baylor Scott and White All Saints Hospital, only \$30,479 were expended. The proposed budget overestimated personnel and software costs and the project coordinators opted to use in-house resources to produce their videos leading to less expenses than budgeted.

The final project report submitted by Baylor Scott and White All Saints Hospital can be found in Appendix A.

Baylor Scott and White Medical Centers

Baylor Scott & White Medical Centers was awarded \$36,162 to implement a “bundled and systemic approach” to reduce workplace violence against nurses across 7 hospitals in the North and Central Texas regions. The first component of the approach was the multifaceted education component, which included face-to-face education, online learning modules, and huddling activities for nursing staff. The second component of the approach was the formalized process which involved using signage to identify patient care areas as being zero tolerance as it relates to violence, the use of personal alarms with high risk patients or visitors, and the distribution of binders that include information on using the Broset Screening tool to identify high risk patients.

Across the seven facilities that participated in the implementation of this program, 3,620 nursing staff completed the bundle education, 3,628 nursing staff completed the online learning modules, and the weekly huddle scripts were accessed 232 times as of October 31, 2019. Their goals were to reduce physical violence against nursing staff by 10% over the grant, to reduce verbal violence against nursing staff by 10% over the grant period, to reduce the number of workplace violence incidents requiring monitoring for or actual injury by 50% over the grant period, and for 50% of nursing staff to participate in the education activities over the grant period.

Resulting from the implementation of this approach, this project exceeded two of its proposed goals and fell short on two proposed goals. During the grant period, the number of reported incidents related to physical violence was lower than expected (99 reported/154 expected). The number of reported incidents of verbal violence was nearly 2.5 times higher than expected (147 reported/58 expected). While the number of reported incidents of physical or verbal violence requiring monitoring for or actual injury did decrease, it did not meet the goal of decreasing by 50% (14 reported/12 expected). Lastly, nearly 57% of nursing staff participated in the education activities during the grant period (3,620 reported/3,132 expected).

Though not all goals were met, the project team asserts that the culture of embracing a safe workplace will continue to make an impact beyond the grant period. They also acknowledge that education on workplace violence prevention cannot be a one-time, one-way initiative. This acknowledgement is supported by their organization through expanding this project to other disciplines outside of

nursing, including the face-to-face education at orientation and requiring the completion of the online learning modules. Additionally, the project coordinators report that more alarms are being ordered across facilities and that additional work is being done to implement a standardized screening tool in the electronic medical record.

Of the \$36,162 awarded to Baylor Scott & White Medical Centers, only \$20,207.56 were expended. The project went under-budget on personnel costs because of less time dedicated by nurse leaders to train staff due to competing priorities during the grant period. The project was also under-budget on materials and supplies as the coordinators purchased materials at a lower cost than they budgeted.

The final project report submitted by Baylor Scott & White Medical Centers can be found in Appendix B.

Encompass Health Rehabilitation Hospital of the Woodlands

Encompass Health Rehabilitation Hospital of the Woodlands was awarded \$9,407 to implement two different workplace violence prevention training programs among direct patient care staff and use a pre- and post- training survey to assess which program would be the best fit for their facility.

46 direct patient care staff from various disciplines, including nursing, received a workplace violence prevention training that was internally developed by an interdisciplinary team within the organization. This training was specifically developed to the risks and population served by their setting. 47 staff received the Non-Abusive Psychological & Physical Intervention (NAPPI) training.

Encompass Health Rehabilitation Hospital of the Woodlands distributed the 36-question workplace violence prevention survey to their staff in December 2018, prior to implementing the workplace violence trainings. This survey was distributed to staff again in September of 2019 after staff completed one of the two trainings. Results from both surveys were compared to measure any change in staff knowledge and competence related to the organization's Workplace Violence Prevention Program.

The goal of this project was to reduce violent events through an increase in knowledge and competency. At the time of the final report, there was not enough

evidence to determine if violent events have decreased because of the training, but the project coordinators were able to determine that improvements were made in areas related to their goal based on results of the post-training survey. The results from the post-training survey indicate that more staff feel that workplace violence issues are communicated by management, that they are aware of the violence prevention policy and procedures, and that they know what to do if they witness or are involved in an incident. Their post-training survey results also indicated improved awareness among staff related to what constitutes workplace violence and the resources and assistance available to them in the event of an incident.

Of the \$9,407 awarded to Encompass Health Rehabilitation Hospital, \$9,202.52 were expended. The unexpended balance of \$202 was a result of personnel costs that were less than budgeted.

The final project report submitted by Encompass Health Rehabilitation Hospital of the Woodlands can be found in Appendix C.

Houston Methodist Hospital

Houston Methodist Hospital was awarded \$90,000 to implement a system-wide workplace violence prevention program that included seven goals that were achieved through this project:

1. A workplace violence gap analysis from each entity was completed.
2. Duress buttons were installed on over 90% of hospital nursing units.
3. Response time to activation of duress buttons decreased from 5 to 3 minutes within the grant period.
4. An interprofessional Workplace Safety Committee was established to analyze workplace violence data and action plans.
5. Digital reporting tools were reprogrammed across Houston Methodist entities to standardize reporting of workplace violence.
6. Reporting of workplace violence incidents increased by 240% over a four-month period through the implementation of the digital workplace violence reporting tool.

7. A workplace violence education module was created that included content related to the workplace violence program and the newly installed duress buttons. More than 4,300 nurses were educated through this module through the last 30 days of the grant period.

Houston Methodist's workplace violence initiative has the support of leadership across the system and has been well-received by staff. Continued support of these efforts is evidenced by continued resources being dedicated to workplace violence issues, the implementation of the education module for all employees at Houston Methodist, and established workgroups and processes for tracking and reviewing workplace violence data.

Of the \$90,000 awarded to Houston Methodist Hospital, \$82,591.89 were expended. The unexpended balance of \$7,408.11 was a result of overestimation of costs related to the duress buttons and the resulting reallocation of those funds to additional equipment.

The final project report submitted by Houston Methodist Hospital can be found in Appendix D.

Methodist Health System Foundation

The Methodist Health System Foundation was awarded \$89,903 to pilot their Workplace Violence Against Nurses Prevention Initiative at four of their hospitals. The intent of the initiative was to reduce the number of reported incidents of verbal and physical violence against nurses in their healthcare system through an organizational culture shift and training for frontline healthcare workers.

Methodist aimed to make a cultural shift in their organization that refuted the idea that violence from patients or families was simply part of a nurse's job. This shift involved three activities: holding focus groups with nursing staff and leaders; posting signage throughout Methodist to demonstrate organizational commitment to preventing violence; and developing a formal zero-tolerance policy.

Methodist's training program included a train-the-trainer approach, by which they certified eight instructors in the Sartori Alternatives to Managing Aggression (SAMA) model. In turn, these certified instructors provided training to emergency department nurses. In addition to SAMA training, Methodist also provided de-escalation training to their emergency department nurses.

Methodist Health System Foundation met or exceeded their proposed goals which included decreasing the occurrence of violence against nurses by 10% (243 reported/244 expected), certifying 8 nurses as SAMA instructors, providing SAMA training to 20 emergency department nurses (125 reported/20 expected), increasing nurses' levels of confidence in de-escalating violent situations (167 reported/150 expected), and implementing a system-wide workplace violence policy.

Methodist Health System Foundation expended \$89,901 of the \$89,903 awarded. The primary expenditures were on personnel costs, followed by consultant/contracted services, and supplies/materials.

The final project report submitted by Methodist Health System Foundation can be found in Appendix E.

Midland Memorial Hospital

Midland Memorial Hospital was awarded \$56,000 to conduct a Leadership Excellence Advancement Development (L.E.A.D) event. This event included keynote presentations on the topics of culture and values and nurse bullying and incivility. The intent of this event was to increase staff awareness of how to report incidents of workplace violence.

Besides keynote presentations, the L.E.A.D event included some post-event activities such as huddles on different units to engage staff on the topics covered during the keynote presentations, posting of flyers and signage around the hospital to increase knowledge and awareness related to reporting incidents of workplace violence, and other forms of communication to staff such as through Facebook messages.

The goal of this event was to increase staff awareness and knowledge of workplace violence reporting. This effectiveness of the event was assessed through the number of incidents reported after the event and the results of a post-event survey that was sent to staff.

Prior to the L.E.A.D event, no incidents of workplace violence had been reported since the beginning of the 2019 calendar year. After the L.E.A.D event through the end of the grant period, 13 incidents of workplace violence had been reported and addressed.

Post-event survey results indicated that less than 1% of hospitals nurses reported they were NOT aware of the process for reporting violence in their facility, nearly 90% of nurses responded that they felt their hospital was safe, and nearly 85% of nurses responded that the hospital is effective at managing violence.

Midland Memorial Hospital expended more than the \$56,000 awarded to them through this grant program on the L.E.A.D event.

The final project report submitted by Midland Memorial Hospital can be found in Appendix F.

Parkland Health and Hospital System

Parkland Health and Hospital System was awarded \$325,000 to implement a comprehensive workplace violence prevention program that included primary, secondary, and tertiary interventions.

The primary intervention included the provision of interactive, self-paced, online training. The intent behind using this type of training was that nurses can return to it and access it as needed or able, which could improve retention and recall of knowledge.

The secondary interventions included enhancing existing physical and environmental infrastructures. This was done through the purchase of the Kevlar arm sleeves and personal panic buttons.

The tertiary interventions included offering a peer support program and promoting public awareness on workplace violence through a brief online learning module that was released to participants of the Dallas-Ft. Worth Hospital Association's Fall Learning Consortium and to the Deans of the local nursing programs to disseminate to their students.

While Parkland did not meet three of four identified goals for their project during the grant period, their workplace violence prevention initiative was still impactful. Their proposed outcomes were to decrease the total number of workplace violence events by 5%, decrease the aggregated harm severity index by 5%, decrease the number of physical incidents reported by 5%, and increase the number of reported verbal incidents by 5%. The only outcome that was met was to increase the

number of reported verbal incidents. Beyond that, there was anecdotal evidence based on staff feedback that these interventions were well received.

Parkland expended \$221,522.75 of the \$325,000 awarded. Unexpended funds were a result of a proposed technology solution that did not work out for the organization and lack of time to identify an alternative.

The final project report submitted by Parkland Health and Hospital System can be found in Appendix G.

4. Conclusion

A total \$654,274 of the \$667,000 (98% of available funds) available were awarded to seven applicants during the inaugural grant period of the Workplace Violence Against Nurses Grant Program. \$509,904.72 of the \$654,274 awarded, or 77.9%, were expended by the seven award recipients. Unexpended funds were a result of over-estimation of personnel or material costs as well as unsuccessful implementation of technology solutions. The funds were primarily used to train or educate nurses on workplace violence prevention strategies or policies, to procure panic alarms, panic buttons, and armguards, and for developing or upgrading reporting systems.

Appendix A. Baylor Scott and White All Saints Medical Center

Executive Summary

Baylor Scott & White All Saints Medical Center (All Saints), in Fort Worth, Texas, participated in the Workplace Violence Against Nurses Prevention Grant Program to combat workplace violence against nurses. The funding provided by this grant enabled the creation of e-learning modules, videos, and training for over 800 nurses at All Saints. The project initially requested \$47,802.00 with the plan of creating a sustainable education program for bedside nurses and nurse leaders focused on workplace violence. Of the funds requested, \$30,479.00 were used in the completion of this project.

The Goal Statements of the Workplace Violence Against Nurses Prevention Program included:

Decreasing nursing exposure to:

- Physical and verbal violence from patients and visitors
- Physical and verbal violence will be decreased by providing nurses with opportunities to identify escalating incidents and teaching tactics to help diffuse situations and protect themselves.
- Physical violence, verbal violence, and incivility from nurses, physicians, and other members of the care team
- Physical and verbal violence will be decreased by providing nurses with opportunities to identify escalating incidents and teaching tactics to help diffuse situations and protect themselves.
- Incivility will be decreased by providing definitions and examples of incivility, showing the harmful effects of different types of incivility, and opening a dialogue to prevent these actions and to support their fellow nurses.

The implementation of the program took place from March 1, 2019 to August 31, 2019. In March and April of 2019, an education plan and accompanying program materials were developed by an interprofessional team. The result of the collaborative efforts of the team included both an online module and in-person learning sessions. The online module was deployed to all nurses at All Saints in May of 2019. The total number of nurses who completed the online module were 806.

The face to face learning sessions were deployed in August of 2019. Attendees of the face to face sessions numbered 181.

The main goal of the project was to observe a 10% decrease each month in all incidents of workplace violence. Baseline data and post intervention data was compiled from reports received through the MIDAS event reporting system. The reports for all categories of physical violence, verbal violence, and incivility were pulled on the last day of each month of the study period to ensure consistency with measurement. Data analysis was conducted on first day of every month, excluding August when the reports were pulled August 30. Data analysis for August was conducted on August 31, 2019. Microsoft Excel was used for data collection and analysis.

The initial goal of a decreased in reported incidents by 10% was not met. However, several subgroups noted in the data analysis showed that a decline in the monthly reported incidents had decreased including those in the Behavioral-disturbance/disruptive category. The monthly average decreased for this category. Some categories such as Conduct-alleged abused/verbal, showed an increase in reporting from April to August. This effect could be due to increased reporting and an enhanced sense of awareness by the nursing staff, since conduct is a staff/physician category.

While the proposed goal of reducing reported incidents by 10% was not achieved, the project remains successful for the facility. A valuable lesson was learned related to the workplace violence project and goals setting. This was to consider that awareness may influence an increase of the reported incidents of workplace violence because it is such an under reported event. Because of this project, many nurses at All Saints are speaking about workplace violence and addressing it in ways that were not noted prior to the education and training. The e-modules and video case examples were evaluated to be memorable and effective tools in the use of this training by leadership and non-supervisory staff.

The e-learning modules and videos created through this project are currently available to all staff via the intranet. In addition, the case examples and modules are included and discussed as part of the onboarding process for all new employees at All Saints. This ensures that all newly hired nurses will be able to participate in these sessions. In addition, other hospitals within the BSWH system can access the e-modules and case examples for training in their facilities.

Measurement of workplace violence continues and remains as a significant part of ongoing efforts encourage nurses to report all forms of violence. Additional research

studies involving workplace violence are being implemented within the BSWH system at this time in conjunction with the sustained efforts of this pilot study.

Report Narrative

Project Description

Baylor Scott & White Health (BSWH) system consists of 49 hospitals with over 47,000 employees. BSWH has been focused on the far-reaching impact of workplace violence, especially among nurses who make up the largest segment of its employees. Baylor Scott & White All Saints Medical Center Fort Worth (All Saints) nursing leadership has prioritized eliminating workplace violence through various educational and administrative efforts. However, even with these efforts, workplace violence in its various forms has persisted. The project implemented at All Saints supported by the Workplace Violence Against Nurses Prevention Program funds was developed to further investigate and intervene in the phenomena of workplace violence. The project used the funds to create an education program as a pilot for a system-wide initiative.

The project initially requested \$47,802.00 with the plan of creating a sustainable education program for bedside nurses and nurse leaders focused on workplace violence. Of the funds requested, \$30,479.00 were used in the completion of this project. The program objective and reason for the request of funding was to create e-learning modules, videos, and training for nurses at All Saints. Ultimately, the goal was to decrease the incidence of violence through enhanced sensitivity and awareness of potential violence while also exploring strategies to avoid harm. The stated project goal was to observe a 10% decrease each month in all incidents of workplace violence. Through tactics centered around group discussion and problem solving, the program sought to share knowledge, engender support, and provide the opportunity to discuss access to additional resources to combat workplace violence.

The project director utilized the foundation of previous research which supported the effective use of multimodal education methods. Nurses and their leaders were the target audience, but learning was inclusive of other interprofessional team members as well who either took the modules or attended the face to face sessions. In alignment with project objectives, the project director designed and implemented interventions that included online education in conjunction with face to face interactive learning.

The final pilot project implementation included several specific tactics:

- The creation of two separate facilitator guides: one focused on hospital leadership and one focused on non-supervisory nurses. These guides were used by those leading the face to face interactive learning sessions. This also included the production of videos that used case examples and provided the opportunity for discussion.
- The development and implementation of an e-module designed specifically for hospital leadership.
- The development and implementation of an e-module designed specifically non-supervisory nurses.
- The development and implementation of face to face learning group sessions for hospital leadership.
- The development and implementation of face to face learning group sessions for non-supervisory nurses.

Through these project strategies, nurse leaders and nurses who participated learned ways to effectively identify various kinds of workplace violence, appropriately apply de-escalation techniques with patients, visitors, physicians, and staff, and locate available supportive resources within their work environment.

Implementation Methodology

As part of the initial proposal, an implementation timeline was created.

Date	Description of Activity/Benchmark/Milestone	Comments
3/1/18-3/15/18	Develop and implement the e-module for nursing leaders. Prepare a storyboard and script for the video. Videographer will shoot the video, edit it, and send a digital file.	
3/1/18-3/15/18	Develop facilitator guide for the nursing leader meeting.	

Date	Description of Activity/Benchmark/Milestone	Comments
3/16/18-3/22/18	Face-to-face meetings with the nursing leaders. Seek their input on helpful actions for the nursing e-module and meeting.	Incorporate feedback for preparations for non-supervisory nurses
3/25/18-3/26/18	Team meets to discuss feedback from the face-to-face nursing leader meetings	Incorporate feedback for preparations for non-supervisory nurses
3/26/18-4/5/18	Develop and implement e-module for non-supervisory nurses.	
3/26/18-4/5/18	Develop a facilitator guide for the non-supervisory nurses.	
4/8/18-4/30/18	Conduct face-to-face meetings with the non-supervisory nurses.	
5/31/18	Review MIDAS reports	
6/1/18	Data analysis for month of May	
6/30/18	Review MIDAS reports	
7/1/18	Data analysis for month of June	
7/31/18	Review MIDAS reports	
8/1/18	Data analysis for month of July	
8/30/18	Review MIDAS reports	
8/31/18	Data analysis for month of August	

On March 5th, 2019 All Saints received notification of approval of the grant funding support for this project. The project manager Pat Stables, MSN, RN and co project leader Vanessa Burns MSA, SPHR, SHRM-SCP oversaw the administration of the initial steps of the project along with Nurse scientist Dr. Kathleen Ellis, PhD. Throughout March and April of 2019, the project leaders and the team were able to mostly maintain their original timeline meeting devised in the education plan for the development of the materials.

The project manager and team met routinely to review and discuss project materials in March and April 2019. The team continued with their plan to discuss the education, develop the e-module, and write the facilitator guide for the nursing leader component. The team planned at first to use an external vendor to help create the e modules and videos. After investigating this option, the team opted to employ internal, system level support to develop the e-modules and videos. This was a more cost-effective method but extended the timeline in consideration of their workload.

The project team used their original storyboarding plan to create the video scenarios that were later embedded in the online modules, made available via web access, and shown in the face to face sessions conducted with leaders and non-supervisory nurses. However, the content of the videos deviated from the planned scenarios. The project videos ultimately showed two examples of peer-to-peer nurse incivility and one example of a patient's family member who was verbally abusive and threatened physical harm. The development and coordination of the videos and modules took more time than originally planned and were completed by the end of April 2019.

In May of 2019, the e modules were completed and ready for deployment over a 3-week period starting May 13, 2019. From May 13, 2019 to May 31, 2019, 806 nurses and leaders took the online Workplace Violence Module via the Cornerstone Learning Management System. On the last week of May, May 28, 2019 to May 31, 2019, leadership was provided the face to face interactive sessions guided by hospital president Michael Sanborn MS, RPh, FACHE. The project provided leader training first to better prepare leaders for any questions or concerns that their staff may present.

In June of 2019, the leader facilitator guide and face to face session was adapted and prepared for the non-supervisory nurses. During this time, the project leadership and team received and reviewed feedback from the nurse leaders to evaluate needed changes in the future presentations for the non-supervisory nurse sessions. The feedback from leadership regarding the interactive group session was supportive and few alterations were suggested for the content. To reduce the need to locate the class and sign up, the Chief Nursing Officer Val Gokenbach DM, RN, MBA, BSN, NEA-BC, RWJF provided a focused Nursing Town Hall for this class to be held in August. This provided a greater opportunity for other nursing staff to receive the face to face sessions while also reinforcing the content of the online training. From July 2019 to August 2019, a total of 181 nurses received the face to face training lead by project co-lead Vanessa Burns.

For data analysis in all the categories of workplace violence, the reports were pulled on the last day of the month from the MIDAS event reporting system to ensure consistency with measurement. Data analysis was completed on the first day of the month starting in April 2019, except for August, when the reports were pulled on August 30 and the data analysis took place on August 31 to maintain the time frame of the budget. Data analysis was completed and provided to the team in September of 2019.

The categories of evaluation included:

BEHAV-ALLEGED ABUSE – PHYSICAL

BEHAV-ALLEGED ABUSE - PHYSICAL & SEXUAL / INAPPROPRIATE TOUCH

BEHAV-ALLEGED ABUSE – SEXUAL

BEHAV-ALLEGED ABUSE - SEXUAL / INAPPROPRIATE TOUCH

BEHAV-ALLEGED ABUSE – VERBAL

BEHAV-DISTURBANCE / DISRUPTIVE

COND-ALLEGED ABUSE – PHYSICAL

COND-ALLEGED ABUSE – SEXUAL

COND-ALLEGED ABUSE - SEXUAL / INAPPROPRIATE TOUCH

COND-ALLEGED ABUSE – VERBAL

COND-DISTURBANCE / DISRUPTIVE

Initially, the plan was to have all materials developed and training completed by the end of April 2019. However, the project completed all training by August 31, 2019. Barriers within the project that caused delays were difficulty in coordinating schedules of project team members and the amount of time needed to develop the facilitator guide, e modules and video case examples which took longer than initially planned for. In addition, the project lead was away on an unexpected medical leave from July 25, 2019 and did not return until after the completion of the project November 11, 2019. An interim project lead was appointed in her absence Ramona Baucham MSN, RN. An additional barrier to the proposed timeline was that there were several other major initiatives occurring at All Saints during the onset of the project. The most notable cause for delay was the implementation of the new Electronic Health Record that required many hours of training and preparation for

all leadership and nurses during this same span of time. This may have served as the most significant challenge to the project timeline.

Despite those challenges, the project and materials developed through these efforts were all well received by the leadership and nurses who participated in the pilot. Over 800 employees received the benefit of the online lessons which served to meet the project objectives. Through the efforts of this project, the benefits were palpable. The e-module provided standardized education to all staff and offered reinforcement of a facility culture that is focused on eliminating workplace violence. In the same way, the face to face sessions offered an opportunity for discussion about the scenarios as well as opportunities to learn about violence and to discover the hospital and system policies and support for those who are experiencing violence.

Project Goals and Evaluation

In the BSWH system, incidents of workplace violence are captured in the MIDAS event reporting system. These data are captured from nurse and manager reporting on incidents that nurses have experienced while working. Some categories include patient/visitor violence (alleged abuse – physical, alleged abuse – verbal, and disturbance/disruption). Other categories address employee perpetration of violence (alleged abuse – physical, alleged abuse – verbal, disturbance/disruption, and threats to patient/staff). Nurses at All Saints reported 116 events of workplace violence in the past 12 months, for an average of 9-10 per month.

The Goal Statements of the Workplace Violence Against Nurses Prevention Program included:

Decreasing nursing exposure to:

Physical and verbal violence from patients and visitors.

Physical and verbal violence will be decreased by providing nurses with opportunities to identify escalating incidents and teaching tactics to help diffuse situations and protect themselves.

Physical violence, verbal violence, and incivility from nurses, physicians, and other members of the care team.

Physical and verbal violence will be decreased by providing nurses with opportunities to identify escalating incidents and teaching tactics to help diffuse situations and protect themselves.

Incivility will be decreased by providing definitions and examples of incivility, showing the harmful effects of different types of incivility, and opening a dialogue to prevent these actions and to support their fellow nurses.

However, the main goal of the project was to observe a 10% decrease each month in all incidents of workplace violence.

Goal	Performance Measure	Proposed Outcome	Measurement Source	Baseline Measure	Expected Measure	Actual Measure
Reduce all types of violence against nurses in my facility	Number of reported incidents entered into the MIDAS system	10% decrease in reported incidents	Data pull from the MIDAS system – monthly	116 incidents in 12 months, average of 9.67 per month	8 reported incidents in May 2019	115 incidents in 12 months, average of 9.58 per month. April 2019: 9 May 2019: 15 June 2019: 10 July 2019: 14 August 2019: 14

Looking solely at numbers, the total numbers increased of reported violence. The total number of incidents entered in MIDAS for All Saints were:

April 2019: 9

August 2019: 14

May 2019: 15

June 2019: 10

July 2019: 14

This would seem to indicate that the initial goal of a decrease in reported incidents by 10% was not met. However, several subgroups noted in the data analysis showed that a decline in the monthly reported incidents had decreased including those in the Behavioral-disturbance/disruptive category (April:4, May:3, June:0, July:1, August:5). The monthly average decreased for this category. Further investigation would be needed to know if the de-escalation techniques that were learned in the e-module and face to face training created for the project impacted this decline in any way.

Some categories such as Conduct-alleged abused/verbal, showed an increase in reporting from April to August. This effect could be due to increased reporting and an enhanced sense of awareness by the nursing staff, since conduct is a staff/physician category. By providing examples and scenarios that allow nurses to better recognize incivility along with a greater knowledge of the resources available, a connection could be suggested here.

Impact

As noted in the proposal for this project, for many reasons, workplace violence for nurses is an under reported event. During this project, over 800 All Saints employees received e-module education and another 181 employees received face to face education regarding workplace violence. While the proposed goal of reducing reported incidents by 10% was not achieved, the project remains successful for the facility.

Because of this project, many nurses are speaking about workplace violence and addressing it in ways that were not noted prior to the education and training. The e-modules and video case examples were noted to be memorable and effective tools in the use of this training by leadership and non-supervisory staff.

Lessons Learned

The evaluation of the project for the team involved is still ongoing. However, several lessons emerged in the development and implementation of the project. The most valuable lessons were around the establishing of the ambitious timeline and the impact of unexpected factors such as other major initiatives. A valuable lesson was also learned related to the workplace violence project. This is to consider awareness may influence an increase of the reported incidents of workplace violence because it is such an under reported event. Even though the

goal on paper did not seem to be met, many staff members reported the impact of the video and case examples as memorable and effective.

Sustainability

The e-learning modules and videos are available to all staff via the intranet. These case examples and modules are now a part of the onboarding process at All Saints to ensure that all newly hired nurses will be able to participate in these sessions. In addition, other hospitals within the BSWH system can access the e-modules and case examples for training in their facilities.

Measurement of workplace violence will continue through the MIDAS system and ongoing efforts encourage nurses to report all forms of violence. Additional research studies involving workplace violence are being implemented within the BSWH system at this time.

Budget

The project initially requested \$47,802.00 with the plan of creating a sustainable education program for bedside nurses and nurse leaders focused on workplace violence. Of the funds requested, \$30,479.00 were used in the completion of this project. The program objective and reason for the request of funding was to create e-learning modules, videos, and training for nurses at All Saints.

The proposed budget included these requests:

Personnel

- \$25,800 – Full Time, Part Time and Supervisors = 860. Estimating an average of \$30/hour for one hour of salary. Attendance will be mandatory for all hourly (non-exempt) nursing employees.

Supplies

- \$1,000 - One-year subscription to Vyond Software. This software provides the ability to develop animated case scenarios with sound for use in eLearning and in face to face follow-up education. This would be used alongside existing software in order to enhance content.
- \$1,040 Video production for three videos of scenarios. This cost is based on an \$80 hour for 13 hours from an established vendor whose cost includes preparation, filming, editing, and formatting.

- \$396 SPSS software – four-month subscription \$99 per month x 4 months for data analysis

Actual Expenditures included:

Personnel

- \$18,325.00 (\$12,900+\$5,425.00) – Full Time, Part Time and Supervisors = 806. Estimating an average of \$30/hour for 30 minutes of salary to complete the online module. 54 fewer employees took the modules than planned. Face to Face meetings= 181. Attendance was mandatory for all hourly (non-exempt) nursing employees.

Supplies

- \$628 – One-year subscription to Vyond Software obtained; Cost less than budgeted. SPSS was not purchased. Video production was completed by inhouse staff instead of an external vendor.

Appendix B. Baylor Scott and White Medical Centers

Executive Summary

A bundled and systematic approach to reducing workplace violence was implemented to reduce the incidence of workplace violence and protect staff, patients, and visitors within seven medical centers from North and Central Texas. These seven facilities are part of a 49-hospital healthcare system. During fiscal year 2018, there were 469 reported events of workplace violence occurring within these facilities. Considering that a recent survey involving several of these facilities revealed almost 50% of respondents who had experienced workplace violence did not report it, the number of actual events may be double the reported number.

A bundled and systematic approach to reducing workplace violence was implemented in the seven facilities listed. This approach has two components, which are: (1) multifaceted education and (2) a formalized process. The education component involves face-to-face education, online modules, and huddling activities for nursing staff. The formalized process involves placing signage to identify patient care areas as being zero tolerance for violence zones. The formalized process also involves staff issued personal alarms to be worn when patients and/or visitors are determined to be high risk for acting out violently.

There were four project goals. Actual measures for two of the goals: (A) 10% reduction of reported physical violence and (B) 50% of the nursing will have participated in education, exceed the expected measures. For a third goal, 50% reduction in reported workplace violence continuing monitoring for or actual injury, the actual measure is only two incidences higher than the expected measure. A fourth goal, a 10% reduction of reported verbal violence by the end of the grant award period the actual measure is almost three times higher than the expected. This may be because after the grant related education offerings, nursing staff are more likely to recognize and report verbal threats.

The barriers related to the grant roll out included: finance/grant funding account; lack of standardized accounting practices from facility to facility; delays in ordering/delivery of supplies, module reporting; pockets of initial resistance across the facilities who required additional explanation of necessity to participate in all aspects of the bundle; and an electronic medical record go-live during the grant period at several of the hospitals. After the grant award period, a system level Workplace Violence Committee is determining components of the bundled approach to implement in the other facilities, including outpatient areas.

Report Narrative

Project Description

A bundled and systematic approach to reducing workplace violence was implemented in seven facilities in our healthcare system. This bundled approach included two components which were the multifaceted education and formalized process for staff to address potential workplace violence threats which better equipped the staff and leaders to predict or address the escalation of behavior.

Implementation Methodology

Timeline Revised Date	Submitted Timeline Date	Completed Date	Description – Upon Execution: 4/24
4/24/2019 (upon execution)	4/24/2019 (upon execution)	6/1/2019	25 Facility leaders will be picked
4/24/2019 (upon execution)	4/24/2019 (upon execution)	7/1/2019	25 Facility leaders will attend training (2 hours of training and 8 1-hour classes)
4/24/2019 (upon execution)	4/24/2019 (upon execution)	7/1/2019	Face-to-face education started
5/15/2019		5/15/2019	Expenditure and Summary Report Due
5/24/2019 (one month)	4/24/2019 (upon execution)	8/2/2019	Signage for patient care areas ordered
6/5/2019 (6 weeks)	5/24/2019 (30 days post)	6/24/2019	Nursing staff notified they have training (online)
6/5/2019 (6 weeks)	5/24/2019 (30 days post)	5/20/2019	Personal Alarms & Binders ordered
8/24/2019 (4th month)	6/3/2019	8/26/2019	Weekly huddling starts (Microsoft Teams)
8/24/2019 (4th month)	6/3/2019	10/1/2019	50% nursing staff have attended the face to face
8/24/2019 (4th month)	6/7/2019	8/26/2019	Signage in rooms placed (deadline)
8/24/2019 (4th month)	6/10/2019	8/26/2019	Bundle go-live (alarms, screening, yield)
7/15/2019		7/15/2019	Expenditure Report Due
7/24/2019 (3 months)	7/15/2019	9/30/2019	Staff complete online modules

Timeline Revised Date	Submitted Timeline Date	Completed Date	Description – Upon Execution: 4/24
10/31/2019	10/31/2019	10/31/2019	Termination of Contract; Data collection for grant final (grant activity and expenditure finalized)
11/30/2019	11/30/2019	11/30/2019	Final Expenditure & Summary Report Due
October - January	October - January	Requested 2/5/20	Project presentation via Web

The table above shows the proposed timeline of the project, the revised timeline, and the completed dates. All activities on the timeline were completed by the end of the contract date. However, due to a few challenges and barriers, some of the dates were behind schedule. Using the proposal and the timeline, the grant awardees worked with leaders at the various locations to ensure the project was initiated. Various facility champions helped educate staff and encourage the project. Once the award was sent to the institution, the facility created an account to use for funding and tracking. This was not completed until a few weeks into the grant period because of facility protocols and approvals. For this reason, there was a delay in ordering and obtaining supplies, which then delayed the bundle roll-out and face-to-face education.

In addition, the online education modules had a delay in assigning because of the go-live in some facilities of a new electronic medical record system. Staff and leaders had competing priorities for education requirements and the grant awardees did not want the project to get lost in the other education. For this reason, the modules were assigned later and had a later due date than originally proposed. The electronic medical record implementation also impacted the number of staff that received the education, however, the project goals were still met. Successes of the timeline included participation from leaders in all facilities to help meet project goals and due dates; completion of project goals by the end of the grant period; receiving the equipment and signage ordered; and not needing all the hours allotted to educate 50% of the nursing staff.

Project Goals and Evaluation

The actual measure for the goal to reduce verbal violence against nursing staff in the seven facilities, which indicated that there was almost three times as many

reports as expected. After review of the data and examining of the project activities, the project team felt this was an indication of nursing staff after receiving education now recognizes verbal threats are not an expected part of the job and instead are a reportable event. The measurement source for three of the goals is as indicated on the table below and are as the same as on the original grant application. The measurement source for the goal of nursing staff at the seven facilities will participate in the three-workplace violence reduction education activities, is not as indicated on the table below. The project team after careful consideration of various non-grant activities at the seven facilities recognized that sending an e-mail to all nursing staff requesting completion of a survey would probably not result in retrieving the desired data. The project team's request to use alternative methods to obtain the data to measure this goal was approved by state grant officials. The measurement sources used to evaluate this goal were: tallying the number of attendees for the sign in sheets for the face to face classes; retrieving electronic records of those who completed the on-line training and reviewing the number of visits to the internal webpage for those who were charged with leading the huddle board activities.

Goal	Performance Measure	Proposed Outcome	Measurement Source	Baseline Measure	Expected Measure	Actual Measure
Reduce physical violence against nursing staff* in the seven facilities	Number of reported incidents	10% decrease in reported incidents in 6-month grant period	Reports of physical violence placed in the risk management database, Midas	171 -- March through August 2018	154 reported incidents of physical violence between May and October 2019	99 reports of physical violence between May and October 2019
Reduce verbal violence against nursing staff* in the seven facilities	Number of reported incidents	10% decrease in reported incidents over 6-month period	Reports of verbal violence placed in the risk management database, Midas	64 -- March through August 2018	58 reported of incidents of verbal violence between May and October 2019	147 reports of verbal violence from May through October 2019
Reduce the number of workplace violence incidences requiring monitoring for or actual injury in the seven facilities	Number of reported incidents of physical or verbal violence requiring monitoring for or actual injury	50% decrease of reported incidences in violence resulting in requiring monitoring for or actual injury over the 6-month grant period	Reports obtained from the risk management database, Midas	25 reports of workplace violence incidents requiring monitoring for or actual injury between March and August 2018	12 reported incidents of workplace violence requiring monitoring for or actual injury between May and October 2019	14 reports of incidents of workplace violence requiring monitoring for or actual injury between May and October 2019

Goal	Performance Measure	Proposed Outcome	Measurement Source	Baseline Measure	Expected Measure	Actual Measure
Nursing staff at the seven facilities will participate in the three-workplace violence reduction education activities	E-mail survey	50% of nursing staff will participate in the 3 education activities over a 6-month period	Email survey sent to 6,263 nursing staff members from the 7 involved facilities. The survey will ask staff to identify which of the three education activities they participated in.	Zero	3,132 members of the nursing staff will participate in 3 education activities by October 31, 2019	3,620 nursing staff completed bundle education; 3,628 nursing staff completed online training modules; weekly huddle scripts sent to nursing leaders with a link to visit -- link has had 232 hits and is currently ongoing

Impact

The table above identifies the four project goals and overview of outcome measures. Actual measures of two the goals (A. Reduce physical violence against nursing staff in the seven facilities and B. Nursing staff at the seven facilities will participate in the three-workplace violence reduction education activities) indicate that goals were met, and outcomes were even better than originally predicted. The actual measure for the goal: Reduce the

number of workplace violence incidences requiring monitoring for or actual inquiry in the seven facilities, indicate that there were 14 versus the expected 12 reported injuries. Although this is slightly over the desired measure, the project team feels certain as the culture of embracing a safe workplace in the seven participating facilities and beyond within their healthcare system, will continue to strengthen long after the initial roll out of the activities associated with the grant.

Lessons Learned

The organization has seen first-hand how important support from all disciplines is needed to increase standardization and accountability. In addition, education cannot just be a one-time, one-way initiative. Education on workplace violence, de-escalation techniques, and early identification of behavior changes is vital to the success of decreasing workplace violence.

Sustainability

The project has already expanded to other disciplines. In addition, new staff are receiving face-to-face bundled education at orientation and required to complete the online learning modules. The facilities have committed to ordering more alarms as needed and making them available for other areas besides nursing. There is also a System Workplace Violence Council that meets regularly with ongoing projects/research. Finally, there is work in place to have a standardized screening tool to be used across the entire system and will be required to complete as a part of the daily shift documentation. This will be in the standardized electronic medical record.

Budget

The budgeted expenses were \$36,162.00 and included 40% indirect costs. The actual expenses for the grant period of May 1 through October 31, 2019 was \$20,207.56. This resulted in a \$15,954.44 unexpended balance.

The budgeted expenses for item salary and wages for the 25 nurse leaders (educators and supervisors) totaled \$11,242.00 and fringe at 22.9% was \$2,574.00. The 25 nurse leaders were responsible for providing the face to face workplace violence classes. The actual final expenses for salary and wages is \$4,336.99 and fringe at 22.9% is \$993.17. The unexpended balances for salaries and wages is \$6,905.01 and fringe is \$1,580.83. There have been delays in roll out of the face to face education at some of the participating facilities because of

competing priorities including the adoption of a new electronic medical record system. This has resulted in not all 25 nurse leaders being able to dedicate time to training staff. Although the grant funding period has ended, there are still plans for the face to face classes to occur and the facilities will cover the expenses related to the salaries, wages, and fringe benefits of those slated to teach the classes.

The budgeted expenses for materials and supplies was \$12,014. The actual expense was \$9,103.81. The grant funding for materials/supplies was utilized as described in the grant application. The materials and supplies were distributed to the seven participating facilities. This included the laminated posters placed in the patients' rooms and in public areas adjoining the patient care areas. Plus, the yield signs for placement on patient room doors when a room occupant (patient or visitor) is identified as being at high risk for performing acts of violence. Additionally, the personal alarms and binders to hold Broset Screening process were purchased and supplied to nursing units. Many items requested on the original budget were purchased at a lower cost which resulted in \$2,910.19 in unexpended balance for materials and supplies in the final report.

The total direct expenses on the original budget was \$25,830 and indirect expenses was \$10,332.00. The actual expenses at the final reporting time is \$14,433.97 and indirect expenses is \$5,773.59. This resulted in \$4,558.41 in unexpended funds for this budget item. A reduction of actual versus budgeted expenses resulted in lower indirect expenses.

Appendix C. Encompass Health Rehabilitation Hospital of the Woodlands

Executive Summary

Encompass Health Rehabilitation Hospital of The Woodlands is an 84-bed inpatient rehabilitation hospital located in Conroe, Texas. Being part of Encompass Health who is currently the largest post-acute provider of inpatient rehabilitation in the nation with 130 hospitals currently over 36 states and in Puerto Rico allows us the added benefit of collaboration with sister hospitals to be able to set the standard in continuous performance improvement on many levels. As the Director of Quality and Risk Management of our hospital, I take advantage of this benefit and collaborate with sister hospitals on a regular basis to identify best practices in different areas as needed. Inpatient rehabilitation is a unique level of care specializing in an interdisciplinary approach for functional rehabilitation of those experiencing a severe decline in function from their baseline. Intensive therapy three hours per day, close physician oversight, case management and twenty-four hour a day nursing is required to monitor and stabilize co-morbid medical conditions and to overcome any patient-specific barriers to be able to safely discharge back to their community. Respiratory therapy and registered dietician services are also included in the plan of care as needed. The overall goal of inpatient rehabilitation is to return patients to their community at their maximum level of independence possible at discharge.

As a result of seeing a rise in verbal and physical violence events against our nurses and identifying that many of those events were not being reported, we performed an extensive thirty-six question workplace violence survey with staff in December 2018. To encourage participation and open and honest feedback in the survey, we used an online survey service that allowed anonymous responses and offered survey results in multiple formats where we could drill down the data to identify negative trends. Results from this survey paired with results from our recent Workplace Violence Risk Assessment revealed the need for further development of our Workplace Violence Prevention Program with the highest priority being placed on implementation of specific interventions to decrease the severity and frequency of verbal and physical violence events against nurses in our hospital. Objective data obtained through the analysis of reported workplace violence events that occurred in the hospital during FY 2018 was utilized in completing the risk assessment.

The highest volume of workplace violence events in FY 2018 involved combative patients' verbally or physically abusing nursing staff in our hospital, and vast majority of these were due to behaviors exhibited as a result of cognitive deficits related to the patient's condition. Staff survey results supported this with fifty-six percent of respondents feeling that the patient is the individual who most often commits the act of violence in the workplace violence incident, followed by twenty-eight percent feeling it is the patient's family member. Seventy percent of respondents felt that direct care tasks is the daily activity that exposes them to the greatest risk of violence in the hospital.

Cognitive deficits are extremely common in our patient population with varying causes such as stroke, dementia and brain injury. Comorbid conditions such as mental illness and opioid addiction are also common. Nurses' in this setting care for a unique patient population with an increased risk of exhibiting undesirable behaviors including impulsivity, aggression and sexually inappropriate actions or comments. Family members and caregivers are also more likely to show aggression towards nurses due to caregiver fatigue, financial burdens and other stressors brought on from recent changes to their life as they knew it prior to their loved one becoming sick. This increased risk was also validated through review of actual event data from FY 2018 and staff survey results. When asked in the survey to rate contributing factors to the problem or threat of violence in our hospital, the top 3 contributing factors chosen were mental illness as number one, followed by family stress related to their relative's medical issues as number two and drugs and alcohol as number three. In summary, the times our nurses are exposed to the highest risk of violence is while performing daily care tasks with patients suffering from cognitive deficits, while interacting with upset family members and while caring for patients suffering from drug or alcohol addiction.

We determined that we needed to do further training that is more specific to our inpatient rehabilitation setting. An interdisciplinary team developed a workplace violence prevention training for our nurses and other patient care staff that was specific to the risks and patient population in our setting. Half of the staff selected to participate in the project received the internally developed training, while the other half received their training through NAPPI, an external training program for workplace violence prevention which matched our training approach that emphasizes prevention and physical safety skills.

The repeat Workplace Violence Prevention survey was distributed to staff on 9/14/2019 utilizing the same structure, questions and anonymous method as the

survey initially distributed on 12/18/2018. Post-training survey results were compared to pre-training survey results to measure improvement in staff knowledge and competence in our Workplace Violence Prevention Program. Open comment sections also allowed staff to give additional feedback. While we improved significantly in several key areas, we were able to identify additional priorities for continued improvement in our program. Ensuring all staff are aware of any potential risks and precautions was identified as a high priority opportunity of improvement when responding to violence-related events in our hospital. Staff also want to be more involved in the process and receive follow-up communication from leaders after the event has occurred. As a result, important additions have been made to enhance our Workplace Violence Prevention Program. A door magnet was developed to alert staff of a potential risk for violence. When the magnet is on the patient's door it indicates that two staff members should enter that patient's room together at all times for safety/security reasons and they should ask the nurse for report prior to entering the patient's room if they are unaware of why the magnet was implemented.

Our project goals were to reduce physical and verbal violence events against nurses through an increase in knowledge and competency of all patient care staff. It is too early to tell if workplace violence events have decreased as a result of our project, however we made improvements in several areas relevant to our overall goal of decreasing workplace violence events as evidenced by our post-survey results. Another important goal for us was to increase staff awareness that workplace violence events are not considered part of the job in our hospital and that there is assistance such as counseling available to them if they are directly or indirectly involved in workplace violence. We met this goal as well, as evidenced by our post-survey results. The Human Resources Director for the hospital is now notified of all events regarding violence so she can reach out directly to all staff members involved to offer available support and services to the employee as needed.

It takes time and commitment to train staff effectively in workplace violence prevention and all that it entails. Leadership must be supportive and act quickly to address all workplace violence incidents. The most important thing is to ensure follow-up communication with employees after a workplace violence incident occurs to provide updates on actions taken to prevent further occurrences and offer support services available to them if needed.

Report Narrative

Project Description

An interdisciplinary team developed a workplace violence prevention training for our nurses and other patient care staff that was specific to the risks and patient population in our setting. Half of the staff selected to participate in the project received the internally developed training, while the other half received their training through NAPPI, an external training program for workplace violence prevention which matched our training approach that emphasizes prevention and physical safety skills. We also involved the nurses and patient care staff in the training development, research, and decision-making process in regard to which program will be used going forward. We feel this approach increased employee engagement in our workplace violence prevention efforts and raised awareness that workplace violence events must be reported and are not considered a part of their job.

Implementation Methodology

An interdisciplinary team developed our internal training program and tools utilizing our risk assessment results and the survey feedback received from staff. NAPPI (Non-Abusive Psychological & Physical Intervention) Training was completed by half of our direct patient care staff and the internal training was completed by the other half of direct patient care staff. Disciplines that completed the training were registered nurses, licensed vocational nurses, rehab nursing technicians, physical therapists, physical therapy assistants, occupational therapists, occupational therapy assistants, speech language pathologists, rehab therapy technicians, respiratory therapists and case managers.

Some unanticipated challenges were encountered in meeting our originally proposed deadlines. We determined the deadline in our contract to have staff training completed by 7/03/2019 would be very difficult for us to meet due to barriers we did not originally plan for, such as increased patient census and staff vacations during this time of year. We asked for a deadline extension to 7/29/2019 for this item to give us the time needed to ensure the material is delivered in the most effective way to our staff. The internal training took longer to complete than expected due to various staff schedules and availability, which resulted in a delay in sending out the follow-up workplace violence prevention survey to staff.

The repeat Workplace Violence Prevention survey was distributed to staff on 9/14/2019 utilizing the same structure, questions and anonymous method as the survey initially distributed on 12/18/2018. Post-training survey results were compared to pre-training survey results to measure improvement in staff knowledge and competence in our Workplace Violence Prevention Program. Open comment sections also allowed staff to give additional feedback. Seventy-seven employees completed the post-training survey compared to fifty-three employees that completed the initial survey. In the initial survey, 21 of 53 (39.62%) respondents were from the nursing department compared to 28 of 77 (36.36%) respondents in the post-training survey. Further in-person meetings with patient care staff were held to discuss results and clarify feedback received. While we improved significantly in several key areas, we were able to identify additional priorities for continued improvement in our program. Ensuring all staff are aware of any potential risks and precautions was identified as a high priority opportunity of improvement when responding to violence-related events in our hospital. Staff also want to be more involved in the process and receive follow-up communication from leaders after the event has occurred.

As a result, important additions have been made to enhance our Workplace Violence Prevention Program. A door magnet was developed to alert staff of a potential risk for violence. When the magnet is on the patient's door it indicates that two staff members should enter that patient's room together at all times for safety/security reasons and they should ask the nurse for report prior to entering the patient's room if they are unaware of why the magnet was implemented. Our intention was to be as discreet as possible and use a symbol that would not have a particular meaning to others (non-staff members) in an effort to prevent unnecessary conflict. We decided on a magnet with the Roman numeral II on an orange background. This approach allows us to respect the privacy and dignity of our patients, while still ensuring the safety of our staff in all departments of the hospital. After receiving positive feedback from staff, we submitted the request to the Home Office creative services team and had the official magnet created. Education was completed with all hospital staff regarding the meaning of the symbol/magnet and the processes to be followed for implementation and discontinuation of the magnet. The new magnet, combined with staff education, has been well-received and has improved communication among staff who interact with patients (clinical and non-clinical).

Project Goals and Evaluation

Our project goals were to reduce physical and verbal violence events against nurses through an increase in knowledge and competency of all patient care staff achieved through proper education and training that will include an emphasis in prevention specific to identified risks in our patient population. It is too early to tell if events have decreased as a result of our project, however we made improvements in several areas relevant to our overall goal of decreasing workplace violence events as evidenced in the post-survey results listed below.

- Does management communicate information to employees about incidents of workplace violence prevention efforts at the hospital?
 - 9.66% improvement (Initial survey: 79.07%, Post-training survey: 88.73%)
- Is there a written violence prevention policy at Encompass Health Rehabilitation Hospital of The Woodlands?
 - 10.15% improvement (Initial survey: 81.40%, Post-training survey: 91.55%)
- Are there clearly established procedures and expectations for violence prevention at Encompass Health Rehabilitation Hospital of The Woodlands?
 - 12.42% improvement (Initial survey: 72.09%, Post-training survey: 84.51%)
- Are you aware of the physical controls and safety procedures implemented in the workplace to protect you from workplace violence?
 - 12.34% improvement (Initial survey: 65.12%, Post-training survey: 77.46%)
- In the past 2 years, have you participated in workplace violence prevention training or education at your workplace?
 - 9.89% improvement (Initial survey: 53.49%, Post-training survey: 63.38%)
- Do you know what to do when you witness or are involved in a workplace violence incident?
 - 10.25% improvement (Initial survey: 73.81%, Post-training survey: 84.06%)

- If you have experienced and reported a violent incident, assault, or threatening behavior at work, was the incident(s) you reported investigated by staff such as, your supervisor, manager or safety personnel?
 - Yes 65.0% (13 out of 20); No 10.0% (2 out of 20); Unsure 25.0% (5 out of 20)
- If yes, was corrective action taken to prevent a similar incident?
 - 12.12% improvement - Initial survey: 33.33%; Post-training survey: 45.45%
- Were you made aware of any assistance such as counseling available to help you if you were directly or indirectly affected by workplace violence?
 - 42.11% improvement - Initial survey: 0%; Post-training survey: 42.11%
- If the incident was investigated:
 - Were you present at the investigation?
 - Yes was a 37.5% improvement (Initial survey 12.5%, Post-training survey 50.0%)
 - No was 26.8% improvement (Initial survey 62.5%, Post-training survey 35.7%)
 - Were you offered debriefing and ongoing support as needed?
 - Yes was a 11.5% improvement (Initial survey 50.0%, Post-training survey 61.5%)
 - No was 9.6% improvement (Initial survey 25.0%, Post-training survey 15.4%)
 - Were you offered immediate evaluation by medical employees?
 - Yes was a 16.7% improvement (Initial survey 0%, Post-training survey 16.7%)
 - No was 8.3% improvement (Initial survey 25.0%, Post-training survey 16.7%)
 - Were you offered support if you chose the right to file a police report after a violent incident/threat of violence occurred?

- Yes was a 16.7% improvement (Initial survey 0%, Post-training survey 16.7%)
- No remained the same at 25% for initial and post-training survey

Another important goal for us was to increase staff awareness that workplace violence events are not considered part of the job in our hospital and that there is assistance such as counseling available to them if they are directly or indirectly involved in workplace violence. The Human Resources Director for the hospital is now notified of all events regarding violence so she can reach out directly to all staff members involved to offer available support and services to the employee as needed. The post-training survey showed significant improvement in this area as evidenced below.

- Significant improvement in workplace violence definition accuracy where staff were asked to define workplace violence in the open comment portion of the survey.
- Were you made aware of any assistance such as counseling available to help you if you were directly or indirectly affected by workplace violence?
 - 42.11% improvement - Initial survey: 0%; Post-training survey: 42.11%

Impact

The open comment portions of the post-survey revealed that staff are recognizing the efforts being made to prevent workplace violence and they have an improved understanding that violence is not considered a part of their job here. We have seen an increase in incident reporting by nurses in the hospital, especially with verbal incidents. This increase in reporting skews our data when trying to determine if workplace violence incidents have decreased as a result of our project, however it shows an improved understanding of what constitutes workplace violence. After reviewing all data, survey comments and speaking directly with staff, it became apparent that the staff are much more knowledgeable in our hospital workplace violence prevention policies and program and that they feel much more supported by leadership. Employee engagement also improved to 92.37% in November 2019 compared to 88.2% for prior year and we feel this project played an important role in achieving those results.

Lessons Learned

It takes time and commitment to train staff effectively in workplace violence prevention and all that it entails. Leadership must be supportive and act quickly to address all workplace violence incidents. The most important thing is to ensure follow-up communication with employees after a workplace violence incident to provide updates on actions taken to prevent further occurrences and offer support services available to them if needed.

Sustainability

Hard-wiring for sustainability of the program will be achieved through specific processes and tools developed to compliment the training. Tools will include hand-off reporting, leveraging of the electronic medical record for behavior management and documentation, as well as post event huddles for immediate interdisciplinary analysis of the event to identify and make any needed changes to the patient's plan of care to prevent further occurrences.

Volume of verbal and physical violence events against nurses will continue to be measured and analyzed on a monthly basis. This measure will be added to our monthly quality metrics report shared by the leadership team to ensure sustainability. Monthly data from the quality metrics report is reviewed by leadership. This measure will also be added as an agenda item to all quarterly quality council, medical executive committee and governing body meetings to ensure quarterly reports are also reviewed and discussed so the appropriate actions can be taken when targets are not being met.

Annual workplace violence risk assessments will continue, and annual workplace violence prevention training will be integrated into our annual education program to ensure all nurses and other patient care staff receive refresher education on the key points of the training and program. Results of the annual risk assessment will be utilized to tweak the annual refresher training to address any newly identified risks for violence in our hospital.

Budget

Expenditures were \$2,585 for NAPPI Workplace Violence Prevention Training Modules and enrollment fees per student. Another \$6,617.20 was used to cover salary and wage costs for the time worked to complete the internal training and the

NAPPI training. Our unexpended balance was \$204.60 due to slightly less than anticipated salary and wage costs for training.

Appendix D. Houston Methodist Hospital

Executive Summary

Across healthcare, there is a vast opportunity to improve the safety of nurses, especially in the hospital setting. Nurses tend to place patient safety, wellbeing, and comfort above their own and often excuse or attribute violent patient verbal and physical acts as part of the patient's diagnosis. At Houston Methodist (HM), we are committed to providing a safe, healthy, and positive work environment where nurses deliver patient and family-centered care that is aligned with the Houston Methodist ICARE Values of Integrity, Compassion, Accountability, Respect and Excellence.

To support these values, the work environment must be free from all forms of harassment, coercion, intimidation, bullying, verbal and physical threats, or any act of violence. Houston Methodist has defined Workplace Violence as all conduct or intentional behavior that threatens the safety or well-being of employees; any physical assault, threatening behavior or verbal abuse occurring in the work setting. Providing a comprehensive, innovative, evidence-based Workplace Violence (WPV) Prevention Program empowers nurses to own a culture of safety and partner with the organization to improve their safety.

With the additional financial assistance provided by the grant, HM implemented a system-wide WPV prevention program to bring awareness to workplace violence and promote prevention efforts leading to a safer work environment for nurses. The program's purpose is to develop, communicate, and evaluate policies, procedures, and protocols focused on the establishment of a violence-free work environment. Using the awarded grant funds, this program included seven goals that were successfully implemented during the grant-reporting period (additional details are included in the project narrative):

- 1) Completed a Gap Analysis for each entity to identify opportunities for improvement for WPV
- 2) Installation of duress buttons on over 90% of hospital nursing units
- 3) Notification time for security to arrive at nursing unit which utilized the duress button decreased to within three minutes

- 4) Established within each entity in the HM system an interprofessional Workplace Safety Committee to analyze workplace violence data and oversee the action plan for the violence prevention program
- 5) Reprogrammed digital reporting to expand capabilities to all entities within Houston Methodist to capture consistent reporting of WPV for trending, analysis and addressing issues using the five types of WPV adopted by the system
- 6) Through all initiatives completed thus far, increased reporting of WPV by 240% in four months using digital WPV reporting tool
- 7) Created a professional module on WPV and provided education to over 4300 nurses in 30 days on the WPV program and duress buttons.

One of the key accomplishments was the education created for implementation of the WPV Prevention program. Not only did the module provide an overview of program describing the types of WPV, it gave clear instructions on how to use the duress button and the nurse's responsibility for reporting all incidents of workplace violence. For nurse leaders, module questions were provided which gave guidance on discussions with their team about current safety issues and solutions in their department/unit. While the report period has ended, we are still tracking the completion of the module and expect close to 100% participation by the end of the year. The module and resulting discussions have been so well received that other department leaders that have ancillary and support staff have asked for it.

In addition to these goals, several new Workplace Violence Prevention Program initiatives have been completed and more are being worked on. There are many conversations occurring between interprofessional committees and Houston Methodist hospitals to share best practices to determine one, standardized process, communication, or document.

This is an exciting time for Houston Methodist. As a catalyst for movement and change, the grant and subsequent awarded funding created activities and heightened awareness on this national trend. Houston Methodist is committed to providing ongoing financial and personnel resources, not only for the changes that may be required to improve physical security of a facility and staff education program, but to support a program that facilitates the changes in work processes and procedures required to minimize the risk of WPV.

Report Narrative

Project Description

According to Lisa DiBlasi Moorehead, MSN, EdD, RN, associate nurse executive for The Joint Commission, there are four recommendations healthcare entities should do to combat violence¹:

1. Healthcare leaders should provide hospitals with personnel and resources to predict and prevent violence.
2. Leaders should foster a "reporting culture." Workplace violence often goes unreported due to inadequate knowledge of what constitutes "violence," time constraints and other factors. To address this issue, healthcare leaders must clearly define workplace violence and reassure workers their concerns will be taken seriously.
3. Leaders must assess an organization's violence risk. Ideally, they should evaluate the violence rate within individual departments in addition to the organization as a whole, using resources such as electronic surveys for staff.
4. Leaders should provide training and spread staff awareness. Staff training in violence prevention should occur at least once a year, along with daily huddles or newsletters reminding workers about workplace safety.

Houston Methodist addressed these areas and more in the system Workplace Violence Prevention Program. Starting with Houston Methodist (HM) Executive sponsorship, the entity Executive Vice Presidents and system Chief Executive Officer, received the Workplace Violence (WPV) Prevention charter, outlining the responsibilities and management of the program and the recommended standard Types of WPV. Once support, approval and resources were obtained, the newly formed System Security Council, with financial assistance provided by the grant, implemented a system-wide WPV prevention program to enhance awareness of WPV and promote prevention efforts leading to a safer work environment for nurses. The program's purpose is to develop, communicate, and evaluate policies, procedures, and protocols focused on the establishment of a violence-free work environment.

The WPV Prevention Program elements are interrelated and provide the foundation for a systematic approach to implementing an effective program to address workplace violence. Elements of the program include:

- Conduct and behavior of employees, physicians, volunteers, visitors, vendors, customers, contractors, or patients
- Clinical intervention of aggressive or violent patients
- Orientation and ongoing training policies relating to violence prevention and response
- Employee feedback and surveys
- Reporting and recordkeeping policies and procedures relating to violence.
- Physical safety policies and procedures
- Response to actual violence policies and procedures
- Emergency response and recovery policies and procedures
- Policies and procedures relating to weapons on the property

For employees to understand workplace violence, it had to first be defined. In summary, HM has stated that Workplace Violence is any physical assault, threatening behavior, or verbal abuse occurring in the work setting. For HM, a workplace may be any location, either permanent or temporary, where an employee performs any work-related duty. Conduct that threatens intimidates or coerces another employee, physician, volunteer, visitor, vendor, customer, contractor, or patient will not be tolerated. Workplace violence refers to behavior that is personally threatening or intimidating.

Using OSHA's categories as the foundation, HM identified and implemented five consistent Types of Workplace Violence to use for reporting, tracking and trending WPV within the HM system, incorporating them by reprogramming the digital reporting tool. These types are tracked in the digital reporting tool which was reprogramed to expand reporting capabilities to all hospitals in the HM system and outlying facilities.

To assess the organization's violence risk, each HM entity completed a Gap Analysis to identify opportunities for improvement for WPV. This was the starting point for the System Security Council, providing guidance and direction on short-term and long-term strategic initiatives for the system. The Gap Analysis included an assessment of the organizational support and management commitment, existing written programs in place, current education and employee awareness, security policies, procedures, and plans, in-process incident/threat assessments, post

incident recovery and evaluation process and accurate recordkeeping evaluating type, frequency and severity of incidents.

Threat assessment teams (TAT) were created at each hospital to assist nursing units/departments in assessing patient and guest risk for violence/aggression. These teams consist of security, human resources, risk management, senior leadership, operations administrator, spiritual care, and others. Each TAT reports workplace violence data to the HM System Security Council and partners with the interprofessional HM System Workplace Environment Council to educate, monitor, and make reporting and prevention recommendations for nurses.

Each entity in the HM system established and is maintaining an interprofessional Workplace Safety Committee to analyze workplace violence data and oversee the action plan for the violence prevention program. In addition to underreporting of WPV, inconsistencies in data collection and definitions of violence had previously contributed to a lack of knowledge about the frequency and severity of WPV in health care. The Workplace Safety committee can now review standardized data for the system and recommends changes to policies/procedures and training as needed and reports to the System Security Council.

An additional element in the program that supports prevention of verbal and physical abuse is the creation of a standardized violence/aggression assessment checklist. This checklist assesses a patient for risk of violence which includes identification of the type of behavior(s) exhibited, e.g. history of violence, uncooperative, verbal abuse, attacking an object, etc., the level of risk, and the intervention needed based on the risk level designated.

Education to nurses was crucial for implementation of the WPV Prevention program. Not only did the module provide an overview of program describing the types of WPV, it gave clear instructions on how to use the duress button and the nurse's responsibility for reporting all incidents of workplace violence. For nurse leaders, module questions were provided which gave guidance on discussions with their team about current safety issues and solutions in their department/unit.

Through the collaboration with these councils and other committees, HM has brought verbal and physical violence to the forefront. Simply accepting, excusing or attributing violent patient verbal and physical acts as part of the patient's diagnosis, is part of the culture we are impacting and changing. Without accurate incident data, development and implementation of an effective violence prevention program and control strategies were challenging. Raising awareness of WPV through education and conversation and developing sustainable structures and processes to

mitigate violence and improve safety will reduce and begin eliminating verbal and physical workplace violence against nurses at Houston Methodist.

Implementation Methodology

Houston Methodist set ambitious goals and was excited to receive grant funding to implement the initiatives within the grant timeframe. Historically, there had been several attempts to create a WPV program, but none were able to gain any traction, as a system initiative. This time, the initiative began with executive support from the HM system Chief Executive Officer and Senior Vice President of Human Resources. Following their approval, the initial activity was to create a WPV charter and present to the system executives for approval. The executive vice presidents approved the WPV charter and made recommendations to add to the WPV program.

Based on the charter, an extensive WPV Prevention program was created. The WPV Prevention program was reviewed and supported by the Chief Nursing Council, System Education Council and System Human Resources Director Council in March 2019. During that same timeframe, the System Security Council's first task was to assess the number of panic buttons present in the system nursing units and the associated technology needed to install duress buttons for units that did not have them. Their second task was to conduct the Gap Analysis for their entity. With several activities occurring simultaneously at several of the entities, the completion of this task was delayed a month from the timeline. Results from both tasks were tabulated and presented at the May 2019 meeting of the System Security Council.

Another minor timeline delay in our timeline was the development of an education module supporting the use of duress button implementation and WPV Prevention Program. As a discussion regarding the creation of the module occurred, it was realized that, HM did not have access to the required equipment and supplies to create the education module and present it in a professional format. In July 2019, we requested a budget modification to address this need. Once approval was received, a clear, concise and professionally created educational module was developed. To enhance the credibility and customize it to Houston Methodist, we enlisted the assistance of two leaders in the System Security Council as well as the nursing executive and sponsor of the system Workplace Environment Council. The module was launched in October 2019, two months behind the initial timeline. The education module was, by far, our biggest success and the final product went beyond the expectation of the executives and nurse leaders. As mentioned earlier,

the module has been so well received, it will be implemented for all employees at Houston Methodist.

Most of the time and funds were spent on the installation of the duress buttons and reprogramming the digital reporting tool. Both remained on track, given the extension of the grant deadline. One challenge was each entity utilizing a different vendor for the installation which accounted for variation on completion dates. However, over 99% of all HM nursing departments now have at least one duress button in their area. With the reallocation of grant funds which allowed for the reprogramming of the digital reporting tool, Security now have the capability to report trends as a system, another major measure of success as we continue our journey for a violence-free work environment.

Throughout the entire grant period, consistent updates have been provided to the various councils and stakeholders. All have been extremely pleased with the outcomes and are looking forward to continuing opportunities to improve the safety and security of HM nurses.

Project Goals and Evaluation

While we still have a lot more work to do on workplace violence, during the grant-reporting period, Houston Methodist met all seven of our goals with collaboration from interprofessional disciplines. These goals included:

- 1) Completed a Gap Analysis to identify opportunities for improvement for WPV. The baseline measure for this was zero as no entity had done a gap analysis. This was the starting point for the System Security Council, providing guidance and direction on short-term and long-term strategic initiatives for the system. The Gap Analysis included an assessment of the organizational support and management commitment, existing written programs in place, current education and employee awareness, security policies, procedures, and plans, in-process incident/threat assessments, post incident recovery and evaluation process and accurate recordkeeping evaluating type, frequency and severity of incidents.
- 2) Installed duress buttons in over 99% of all nursing units, exceeding the goal of the grant; units have at least one button to provide a covert way for nurses to summon help without the perpetrator knowing help has been summoned. The positive feedback from the nurses supported the commitment by Houston Methodist to provide a safe, healthy, and positive work environment.

3) Use of the duress buttons by nursing staff addressed their security concern of timely response during an incident. Based on 2018 data, baseline was established at, on average, five minutes response time. During the grant-reporting period, after installation of duress alarms, notification time for security to arrive at a nursing unit which utilized the duress button decreased to within three minutes meeting the goal.

4) Education was provided for all Houston Methodist nurses about psychological, physical and verbal workplace violence, how to report workplace violence, and use the duress buttons, meeting the revised goal for the grant. Baseline measure for this was zero as no previous formal education had been done on duress alarms or a formal workplace violence program.

The professional module on WPV was created and distributed to over 4300 nurses in 30 days, exceeding the goal of 60%. This education encouraged discussion at the unit level with staff and their nurse leader and interprofessionally, including physicians. The module questions guide leaders to have discussions with their team about current safety issues and solutions. While the report period has ended, we are still tracking and expect close to 100% participation by the end of the year. The module and resulting discussions were so well received that other department leaders that have ancillary and support staff have asked for it.

5) Reprogrammed digital reporting tool to expand capabilities to all entities within Houston Methodist to capture consistent reporting of WPV for trending, analysis and addressing issues, meeting the goal for the grant. The baseline measure was one, only one entity had a digital reporting tool. Each entity now reports their trends and action plans to the System Security Council who then identifies best practices and makes recommendation for system adoption to System Workplace Environment Council and Chief Nursing Council.

6) Through all initiatives completed thus far, reporting of WPV increased by 240% in two months by use of digital WPV reporting tool. Baseline data was established using 2018 digital reporting at one entity. HM now has a better understanding of where incidents occur, what type they are, and can implement proactive prevention measures to reduce verbal and physical violence at HM.

Impact

Houston Methodist has impacted workplace violence as a result of this project. Implementing the Workplace Violence Prevention program, ensuring every nursing department had access to a duress button, and providing education about the five types of workplace violence, system policies and procedures addressing workplace violence, how to use the duress button, and resources available to nurses if they experience workplace violence has had a positive effect on the nursing workforce.

Nurses are aware of the system support available to them, know how to get help when help is needed, and how to assess a patient for risk of violence. The program standardized workplace violence reporting and brought together system stakeholders to ensure every hospital is addressing workplace violence against nurses and provided a platform for leaders to address nurses' safety concerns.

There has also been an increase in conversation among nurses about the improved perception of safety at Houston Methodist. During new hire orientation, nurses new to HM appear relieved to hear that workplace violence is actively being addressed. Current nurses are beginning to realize that verbal and physical abuse by patients is not "part of their job" and reporting more incidents that previously they would not have reported.

Lessons Learned

The Workplace Violence Prevention program has strong executive leadership support, and this is critical for any program's success. Receiving initial buy-in from key leaders and stakeholders ensured the program would move forward and stay on track. Performing a gap analysis provided a transparent roadmap and guide for each hospital to know what to improve and reporting the gap analysis results to the System Security Council empowered hospital leaders to make the needed improvements. Understanding the needs of adult learners was key to the success of the education module. One key lesson was that the grant team did not identify the technology needs early on to create a professional education module and had to ask for reallocation of funds to hire a professional videographer to create the module.

Sustainability

The creation of threat assessment teams, forming the System Security Council and System Workplace Environment Council provide the needed structures and processes to continue the work of preventing violence and creating healthy work

environments. The education module will be incorporated into new employee orientation and is also available to HM interprofessional staff to view. The module questions guide leaders to have discussions with their team about current safety issues and solutions. The module reinforces the message the violence is not part of a nurses' job. Hardwiring the workplace violence reporting structure will provide leaders data to track and trend types of violence and where it is occurring.

Frontline nurses are involved in shared governance councils that address workplace violence and staff safety.

Budget

The purpose of this report is to provide an overview of all grant-related activities including the implementation of the project, accomplishments, challenges, and outcomes regarding the budget for the Workplace Violence Against Nurses Grant Program.

As outlined in the budget narrative proposal, Houston Methodist requested funds to be allocated for purchasing, installing, and deployment of duress buttons and associated hardware. Overall, \$49,922.89 was spent on this equipment which included forty-two buttons and six controllers. All equipment included cabling, programming, and commissioning to ensure the buttons were installed appropriately.

Due to an overestimation in the hardware and associated costs, the team was approved to reallocate a portion of the grant monies to fund two additional equipment expenditures; a) digital workplace violence reporting tool for nurses and b) an educational module for training of nurses.

For the educational module, this will be used to train all nurses on identifying and reporting workplace violence, how to utilize a duress button, and increase overall workplace violence awareness on an ongoing basis. Within the project team, we did not have access to a videographer who could put together a professionally created educational program that includes video photography, interactive learning capabilities, audio/visual, teleprompter for narrator, and the right equipment to format in a professional manner. Given this, we identified the need to outsource for a professional engineer to develop a clear, concise program that is formatted appropriately. These efforts totaled \$6,350.00 and include three days of filming and development followed by three days of editing and formatting. The educational module has been deployed through our Houston Methodist intranet page as well as the digital learning management system for all nurses.

As for the digital workplace violence reporting tool for nursing, this acts as a “virtual duress button” that has been made available to any nurse to report a workplace violence incident immediately and confidentially. Before this project, the workplace violence reporting tool was limited to nurses who work at the Houston Methodist Hospital in the Texas Medical Center. To cover the cost of this initiative, \$32,000.00 was used for system infrastructure enhancements and reprogramming of the digital reporting tool. Through the reallocation, the enhancements have allowed us to expand the reporting capabilities to all seven community hospitals within the Houston Methodist system and outlying facilities.

In totality, the total amount of purchase orders generated for the Workplace Violence Against Nurses Grant Program is \$88,272.89. In our planning and execution of performance measure outcomes and deliverables for this project, we fell 2% shy of the \$90,000.00 goal by \$1,727.11. This unexpended balance can be justified by the reallocations outlined above and an overestimation of contingencies that were added to initial project proposals.

Appendix E. Methodist Health System Foundation

Executive Summary

Since March 2019, Methodist Health System has been operating the Workplace Violence Against Nurses Prevention Initiative made possible through an award of \$89,903.00 from the Texas Department of Health and Human Services' Workplace Violence Against Nurses Prevention Grant Program. The goals of this Initiative were to reduce the number of reported occurrences of violence against nurses throughout the health system. To do this, program leadership designed plans to provide de-escalation training and use the Satori Alternatives to Managing Aggression (SAMA) model to equip emergency department nurses with the skills they need to protect themselves and their patients from harm, and to subdue offenders when necessary.

The initial pilot efforts of this project showed a definite impact on the confidence levels expressed by nurses who have taken the SAMA training course. Methodist found that 89.2 percent of nurses who went through the program felt more confident in their abilities to manage aggressive behaviors from patients and others.

Through this Initiative, Methodist also found that the need for effective training extends far beyond the emergency departments of the health system's four main hospital campuses. The program's goal was to train 20 emergency department nurses in SAMA, but 125 emergency department nurses were so passionate about learning these skills that Methodist exceeded this goal by 105 individuals. Looking to the future, Methodist plans to increase the impact of this program by 1) training additional Methodist employees to become certified SAMA instructors and 2) offering SAMA training courses to nurses in clinical departments of high-need outside of the emergency department.

Without these funds, Methodist would not have been able to pilot this important program. Because of this grant award, the program has gained support from Methodist's nursing and health system leadership to enable plans for future expansion.

Report Narrative

Project Description

The Methodist Health System Workplace Violence Against Nurses Prevention Initiative began in March 2019 with a goal to reduce verbal and physical violence against nurses through a comprehensive strategy. The Initiative's activities fall into two areas of focus:

- **Organizational culture shift:** Methodist first aimed to combat the common stigma associated with workplace violence against nurses that being kicked, punched, or otherwise hurt by patients or families was simply "part of the job." Whether these violent situations arose purposefully or by a patient who was unable to control their extremities, it is Methodist's responsibility to be supportive of nurses who could be affected. Activities to shift to a culture of support included hosting focus groups with nursing staff and leaders, implementing a formal zero-tolerance policy regarding workplace violence, and posting signage throughout our hospitals to reinforce this message.
- **Training for frontline healthcare workers:** Over the period of this grant award, Methodist began offering training and certification courses to help prevent violent situations and give emergency department nurses the tools they needed to protect themselves and their patients from violence. To that end, Methodist hosted a SAMA instructor training course which certified eight instructors, offered SAMA training to 125 emergency department nurses, and provided de-escalation training to 167 emergency department nurses. Through this Initiative, more than half of the 300+ nurses employed in our emergency departments have received this helpful training.

The Methodist Health System Workplace Violence Against Nurses Prevention Initiative aimed to reduce the occurrence of verbal and physical violence toward nurses by better preparing emergency department nurses to handle high-stress and potentially dangerous situations and by encouraging a culture of support for those who've been impacted by workplace violence. This Initiative was piloted among emergency department nurses at Methodist's four main hospital campuses: Methodist Dallas, Methodist Charlton, Methodist Mansfield, and Methodist Richardson Medical Centers. Each year, Methodist's emergency departments experience approximately 256,000 visits. The high number of patients seen in high-stress, fast-paced situations made the emergency departments an effective place to

pilot the Initiative. Methodist leadership viewed the nurses in these departments as the employees at the highest risk of encountering a violent situation.

Implementation Methodology

Activity 1: Host a SAMA Instructor Training course at Methodist Dallas Medical Center Anticipated Completion: March – April 2019 (dependent on availability of instructor) Completion: April 22 – 25, 2019

Activity 2: Host focus groups to engage nursing staff and identify issues to address through the Methodist Health System Workplace Violence Against Nurses Prevention Program.

Anticipated Completion: March 2019 Completion: April – June 2019

- Program leadership originally anticipated conducting these focus groups prior to beginning any of the Initiative’s training sessions. However, due to the difficulty of scheduling among leaders at all four of Methodist’s hospital campuses, focus groups took place throughout the grant cycle. The first meeting was April 4, 2019, and the last meeting was June 26, 2019.

Activity 3: Post signage throughout Methodist Health System to demonstrate leadership’s commitment to preventing violence against nurses.

Anticipated Completion: April 2019 Completion: April 2019

Activity 4: Begin offering 2-day SAMA training for emergency department nurses throughout Methodist Health System.

Anticipated Completion: May 2019 Completion: March 2019

- This goal was accomplished ahead of schedule because Methodist hosted the SAMA Instructor Course in April and had two instructors who received their instructor certification in February (before the grant period began). Therefore, Methodist was able to begin training earlier than expected

Activity 5: Begin offering 1-day de-escalation training for emergency department nurses throughout Methodist Health System.

Anticipated Completion: May 2019 Completion: March 2019

- De-escalation training began simultaneously with SAMA training because it is included in the first day of the 2-day SAMA course.

Activity 6: Implement official policy regarding workplace violence against nurses.

Anticipated Completion: July 2019

Completion: March 4, 2019

Project Goals and Evaluation

Goal 1: Decrease the occurrence of violence against nurses at Methodist emergency departments by 10 percent.

At the time of the funding proposal, Methodist Health System experienced a baseline number of workplace violence incidents of 270. This was measured using the Midas Health Analytics Solutions system. During Methodist's 2019 fiscal year (October 1, 2018 – September 30, 2019), the number of reported workplace violence incidents was 244. Though the target for this grant program was to achieve 243 incidents, the figure achieved still represents meaningful progress.

Goal 2: Train eight Methodist nurses and educators to become SAMA instructors.

This goal was accomplished April 22 – 25, 2019 when Methodist Dallas Medical Center hosted a SAMA Instructor Training course. Through this four-day training program, eight Methodist nurses and educators became certified to teach part of or the entire SAMA program. In the original proposal, Methodist anticipated this being a five-day training module, but it only took four days, with the fifth day reserved for the instructor's travel.

Goal 3: Facilitate SAMA training for 20 emergency department nurses.

Methodist offered its first SAMA training course to emergency department nurses in March 2019. To the surprise of Methodist's leadership, more nurses than anticipated showed interest in participating in SAMA Training. Therefore, Methodist employees who became certified as SAMA instructors coordinated additional opportunities and provided training for a total of 125 emergency department nurses.

Goal 4: Provide 1-day de-escalation training to 150 emergency department nurses.

De-escalation training is one component of the SAMA curriculum. Methodist, therefore, began offering it to nurses at the same time as the SAMA training courses. Because of the physical demands of the SAMA curriculum, not all nurses are able to undergo this training. However, the de-escalation module helps these nurses feel more confident in their ability to de-escalate potentially dangerous

situations before they become violent. In addition to the 125 nurses who underwent the full SAMA training, there were 42 emergency department nurses who participated in just the de-escalation training. This brought the total number of nurses trained in de-escalation to 167 during the period of this grant.

Goal 5: Increase nurses' levels of confidence in de-escalation of potentially violent situations.

Using pre- and post-surveys, Methodist collected self-reported data from nurses regarding their confidence in their own ability to de-escalate potentially violent situations. This data demonstrated that 89.2 percent of staff taking the training noted an increase in confidence following the training. On a 10-point Likert scale, the average learner rated themselves as a 6.22 during the pre-training survey and increased to an 8.82 score post-training.

Goal 6: Implement a system-wide zero-tolerance policy regarding workplace violence against nurses.

Because of Methodist leadership's tremendous support of this program, the leadership of the Methodist Health System Workplace Violence Against Nurses Prevention Initiative was able to accomplish this goal far ahead of schedule. This goal was accomplished on March 4, 2019. Please see attached for a copy of Methodist Health System's formal policy regarding workplace violence.

Impact

The activities of the Methodist Health System Workplace Violence Against Nurses Prevention Initiative have encouraged a much larger effort to ensure nurses and other frontline health workers are equipped with the knowledge and skills they need to protect themselves and their patients. Not only has this project and funding increased awareness of this pervasive problem among Methodist Health System's leadership, it has encouraged our health system to implement several systems related to workplace violence prevention.

For example:

- Methodist is currently developing a follow-up process to communicate with staff who have experienced verbal and/or physical violence.

- Some of the hospitals in our health system have begun reporting verbal and physical assaults in their patient safety huddles as well as safety huddles. This demonstrates a newfound focus on safety of staff, in addition to the safety of patients and families.
- Methodist will soon begin tracking progress on workplace violence prevention from an employee engagement perspective. This will entail asking employees to rate the degree to which they agree or disagree with a targeted statement on the health system's employee engagement survey: My organization supports employee safety.

In addition to implementing training for staff, this funding from the Texas Department of Health and Human Services' Workplace Violence Against Nurses Prevention Grant Program allowed Methodist Health System's project leadership to dedicate time and resources to better coordinating the efforts of the health system.

Through the activities of this grant, project leadership found out that several departments throughout the health system were already working on "pieces" of the project, but there had not previously been a leader or project champion dedicated to the thoughtful coordination of these activities.

This program has already initiated a promising nearly 10 percent decrease in workplace violence incidents at Methodist, and it is the hope of project leadership that, through better coordination of activities and ongoing commitment, we will see these numbers continue to fall.

Lessons Learned

When designing the Methodist Health System Workplace Violence Against Nurses Prevention Initiative, program leaders decided to pilot this program with nurses in the emergency departments of Methodist's four main hospitals – Methodist Dallas, Methodist Charlton, Methodist Mansfield, and Methodist Richardson Medical Centers. The program was designed to train a modest number of emergency department nurses in the SAMA and de-escalation practices because it was unclear how many individuals would want to participate in a day or more of extra training. Through the Initiative, Methodist's leadership learned that there are many more individuals than anticipated who were interested in learning these useful tools to protect themselves and their patients. In fact, Methodist exceeded one of its goals by training a staggering 105 additional nurses in SAMA.

The desire for this training also extended outside of the emergency department. Because so many other employees (including EMTs, etc.) expressed such a pressing

need for effective training to subdue potentially violent individuals and de-escalate high-stress situations, Methodist welcomed other employees to train alongside those impacted by grant funding. This grant funding was not used to support the additional employees, as its intent was solely for emergency department nurses, but there are many other individuals who received training thanks to this project.

Sustainability

Methodist Health System is dedicated to the ongoing operation of this Workplace Violence Against Nurses Prevention Initiative, because it has been so impactful to the nurses and other employees in the emergency department and beyond. The Initiative has brought outstanding awareness about this issue to many leaders throughout our health system. With their support, Methodist plans to continue the operations of the Initiative. Methodist has submitted an application for additional funding from the Workplace Violence Against Nurses Prevention Grant Program, which includes the following programmatic additions:

- Host another SAMA Instructor Training Course to certify eight additional Methodist employees as instructors.
- Facilitate additional training sessions for SAMA and verbal de-escalation and self-protection.
- Support two Methodist employees in becoming SAMA Master Facilitators so that they can train additional instructors.
- Develop a Workplace Violence Against Nurses Leader course for Methodist leaders.
- Extend beyond our hospitals' emergency departments and enable the nurse leaders of each campus to identify and select the clinical departments they feel would most directly benefit from SAMA and de-escalation training.
- Explore ways to implement the takeaways from previously held focus groups.

Budget

Narrative

This grant awarded Methodist Health System a total of \$89,903.00. This included \$73,903 in funds to reimburse for the hourly rate of emergency department nurses who participated in SAMA training courses, de-escalation training courses, and the

SAMA Instructor Course to become certified to teach this curriculum. In addition, the salary portion of this budgeted figure incorporated the cost of Methodist employee time spent teaching the SAMA and de-escalation training (for the eight nurses and educators who became certified SAMA instructors).

These figures were calculated using each employee's hourly rate and the number of hours spent in training: 40 hours for those who underwent the SAMA Instructor Training Course, 16 hours for those who completed the full SAMA training, and eight hours for those who completed just the de-escalation portion of the training.

In the Consultant/Contracted Service budget section, Methodist utilized the \$15,000.00 allotted toward bringing a certified SAMA instructor to Methodist Dallas Medical Center to train eight employees to become SAMA instructors. Other costs associated with this included teaching supplies, floor mats to use during the physical portion of the SAMA training, and "badge buddies" which are cards given to each trainee, so they can keep SAMA information connected to their employee name badge at all times. The total amount expended in this category was \$14,998.36.

This grant additionally included a \$1,000.00 budget for signage to be posted throughout our hospitals. With this funding, Methodist designed and produced retractable banners with messaging about workplace violence against nurses. The total amount spent on these items was \$995.49.

Between the Consultant/Contracted Services and Materials and Supplies portions of this grant, Methodist had leftover funding amounting to \$6.15. With approval from the Texas Department of State Health Services, Methodist re-allocated this \$6.15 to the salary portion of the budget. Therefore, the total amount expended for the Salaries and Wages section was \$73,909.15 against a budget allotment of \$73,903.00.

The full amount of this grant has been expended, and all reimbursement requests and invoices have been submitted.

Appendix F. Midland Memorial Hospital

Executive Summary

A L.E.A.D event addressing topics related to workplace violence with formal key note presentations by speakers Joe Tye (Culture and Values) and Renee Thompson (Nurse Bullying and Incivility) was conducted in May of 2019 during National Nurses Week and National Hospital Week (May 6th-18th). One key goal of the events was to increase awareness for nurses on the hospital's method for reporting workplace violence incidences. The Workplace Violence Against Nurses in Texas was given to MMH Nurses to be used as a measurement of performance. Following the L.E.A.D. event 0.2% of MMH nurses reported they were not aware of the hospital's process for reporting violence whereas the state response to this was 2.3%. Only 1.67% of MMH nurses were unsure on how to report incidences of violence as compared to 8.1% for the state of Texas. Prior to the L.E.A.D. event in May of 2019 no incidences of workplace violence had been reported for the 2019 calendar year, since the L.E.A.D. event 13 incidences of violence have been reported and addressed.

Report Narrative

Project Description

The L.E.A.D. events took place during the month of May in association with National Nurses Week and National Hospital Week (May 6th-18th). This L.E.A.D. event incorporated several different venues and methods for training and informing nursing staff along with other hospital staff members concerning aspects related to workplace violence and incivility. The focus of the L.E.A.D. event was related to mind, body and spiritual wellness including a renewal of the of the Culture of Ownership including our Civility Proclamation.

Implementation Methodology - The nursing educational department organized and managed an L.E.A.D event addressing appropriate topics related to workplace violence within the six-month grant period. Appropriate staff members were expected to attend the L.E.A.D event. Formal key note presentations were presented by invited speakers such as Joe Tye (Culture and Values) and Renee Thompson (Nurse Bullying and Incivility). These keynote presentations were followed with rounds on each unit consisting of a huddle and brief overview of the keynote presentations to further engage with frontline nurses and other staff members on these critical topics. Attendance to the presentations and huddles

were recorded and tracked via the organization's learning management system (LMS). Flyers containing information on workplace violence and reporting methods related to workplace violence were created and posted throughout the organization. Providing a focus on these types of topics allowed for the nurse to become increasingly aware of these topics, reporting mechanisms, and assertiveness to confront and address workplace violence incidents. Leaders heightened the awareness concerning workplace violence, the importance and expectation to promote civility and decrease all acts of incivility and violence. Clear instructions for the process to report workplace violence was provided via different methods such as flyers, discussions, presentations, and Facebook messages.

Implementation Methodology

The timeline (Form D) reflected the entire project which was submitted for funding consideration. Only a component of the original grant application was funded at this time. The timeline for the implementation of this aspect of the grant application which was the only component of the original application which was funded. The L.E.A.D event was conducted per the planned timeline. The initial survey was completed prior to the L.E.A.D. event. The initial survey was completed by 356 individuals from different units throughout the hospital. The repeat survey was completed during September and October by 293 individuals from multiple units throughout the hospital.

Project Goals and Evaluation

Goal - Nurses and other health care providers will understand the importance of, and method for reporting workplace violence incidences.

Performance Measure - Nurses will record on the survey that they did report incidents within the organizational-based reporting system

Proposed Outcome - At least 85% of MMH nurse completing the Workplace Violence Against Nurses in Texas survey will document positive responses to the questions concerning organizational-based incident reporting systems.

Measurement Source - Workplace Violence Against Nurses in Texas survey questions 17-20.

Baseline Measure - Baseline measures are currently being assessed for Midland Memorial Hospital. For the state of Texas, 40.5% of nurses reported violent events via their incident reporting system. Hospital nurses (38.3%) were less likely to report.

Expected Measure - At least 60% of the nurses at Midland Memorial Hospital will report on the survey that they report incidents, rate their organization's level of safety at a somewhat safe or better level, and rate the effectiveness of their organization to prevent and manage workplace violence as somewhat effective or better.

Midland Memorial Hospital conducted a survey using the Workplace Violence Against Nurses in Texas survey to determine the baseline for workplace violence at the organization before the L.E.A.D event and in October. This post-event survey was used to determine changes within the culture concerning workplace violence incidents.

Respondents:

	7/8/2019	10/1/2019
CNA	19	22
LVN	8	4
RN	170	136
NP	4	2
Other	160	129
Total	365	293

How would you rate your organization's level of safety as it relates to workplace violence?

Level of Safety	State	RN	Total
Not at all safe or slightly safe	14.8	5.9/5.67	10.3/10.77
Somewhat safe	32.3	19.6/11.67	31.5/25.25
Very or extremely safe	52.9	30.8/30.0	57.0/63.97

State = state Hospital numbers; RN = MMH Nursing numbers July 8/October 1;

Total = MMH total numbers July 8/October 1

How effective is your organization at preventing and managing workplace violence?

Managing violence	State	RN	Total
Not at all effective or slightly effective	23.4	8.5/7.6	13.6/11.82
Somewhat effective	28.7	21.4/12.80	33.4/25.00
Very or extremely effective	47.9	26.8/28.37	49.6/60.81

State = state Hospital numbers; RN = MMH Nursing numbers July 8/October 1;

Total = MMH total numbers July 8/October 1

As is noted by the numbers, the percentages obtained from the members at Midland Memorial Hospital reflect that the individuals consider this facility safe and effectively managing violence. As a result of the project, new methods have been initiated to track workplace violence incidences. These reports are being reviewed based on the four different aspects reflected in the survey – threat, sexual harassment, verbal abuse, and physical violence. The complete data has been presented to the shared governance committee responsible for research, evidence-based practice, and quality improvement.

Impact

Verbal and physical violence against nurses Midland Memorial Hospital was not reported through the hospital's incident reporting system with any regularity prior to the L.E.A.D. event. A specific workplace violence tab was placed in the incident reporting system, the L.E.A.D. event was the forum used to make nurses aware of the process to report workplace violence as well as structures and processes in place to protect nurses. Prior to the L.E.A.D. event in May of 2019 no incidences of workplace violence had been reported for the 2019 calendar year, since the L.E.A.D. event 13 incidences of violence have been reported and addressed.

Lessons Learned

One primary lesson learned from this project was the need to improve and modify the workplace violence incident reporting process. As a result, attention has been given to strongly encouraging individuals to report any incidents involving threats, sexual harassment, verbal abuse, or physical violence. These incidents are being logs related to the different types of incidents along with the individuals involved in it such as patient, family members, friends, supervisor, physicians, and peers.

Sustainability

Midland Memorial Hospital will continue to monitor the number of reported violent/combatative events at the Physical Environment Safety Committee meetings, monthly, to determine the sustainability and effectiveness of the prevention strategies. The data will be analyzed for trends to determine if there are any further prevention strategies that can be implemented. The Hospital is considering the conducting of an annual survey on workplace violence with the nursing staff.

Budget

Narrative

In the original grant request \$56,000 was budgeted for the L.E.A.D. event. \$36,000 for leaders to receive training, \$15,000 honorarium for speakers, \$5,000 for preparation, refreshments, and training supplies. The actual expenses related to the grant totaled \$63,649.47 for the L.E.A.D. event. \$33,018.75 for leader training, \$24,000 honorarium for speaker, \$6,630.72 for preparation, refreshments, and training supplies.

Reasons for differences from budget:

One of the speakers (Cole Edmondson) gave late notice he was unable to attend, Joe Tye agreed to speak on additional topics related to healthy work environments. All the speaker's accommodations were more than expected due to the higher than average hotel costs in the Midland/Odessa region. Supply costs were affected by increases in work books printing, food and preparation costs.

\$2,981 was not spent on leader training due to an overestimate in the budget of the average salaries of the leaders.

Appendix G. Parkland Health and Hospital System

Executive Summary

Workplace Violence (WPV) is a national epidemic costing organizations billions of dollars annually. Dallas County Hospital District dba Parkland Health & Hospital System (Parkland) is one of the largest public academic medical centers in the United States, averaging 275,000 emergency room visits annually. Parkland has 24-hour Dallas County Police Department (Parkland Police) presence. The Police Department is staffed with employed officers specially trained for the healthcare environment. They work closely with service providers, clinicians, and organizational leaders to address WPV incidences across the system. Parkland's nursing footprint extends beyond the acute medical center and includes Ambulatory Outpatient Clinics, Community Oriented Primary Care Clinics and the Dallas Jail Correctional health setting with 4,000 nurses. Over a three-year span, there has been a reported increase of disruptive behavior by 69% and of the physical assaults by 66% as reported in our Safety Event Reporting System (Datix). Consistent with national trends, most of the incidences at Parkland primarily impact nurses and have been mostly reported in the acute care hospital setting. Parkland is committed to adapting a proactive versus reactive approach to decreasing WPV efforts using a comprehensive approach aimed at primary, secondary and tertiary interventions.

An estimated 70% of the patient population at Parkland present with mental and psychiatric illnesses (Parkland DRG codes). The limited and decreasing number of psychiatric beds available in the Dallas area places additional burden on nurses in medical surgical settings to contend with managing patients with aggressive behavior but with minimal de-escalation and safety training. Overall, evidence suggests that nurses lack specific education and training related to communication skills and techniques for managing aggressive clients. If nurses are unprepared, unaware or untrained on how to recognize escalating aggression in a patient or family member it can jeopardize safe work environments. When nurses are unable to meet the needs of their patients, they too can become frustrated and harmed. If unrelieved, such frustration can negatively affect clinical performance, attitudes, confidence, and job satisfaction.

Due to financial and human resource limitations, most of our WPV efforts had been concentrated in the acute care setting. Grant funding was used to focus our efforts on the development, implementation, and evaluation of innovative solutions to reduce the severity and frequency of verbal and physical WPV against Parkland

nurses. We requested \$325,000 to strengthen a comprehensive WPV plan that includes education and training, physical and environmental infrastructure enhancements and a system wide and community wide WPV campaign. Engaging the community in this effort is an innovative approach aimed at primary prevention of WPV.

The primary objectives of this project included:

- I. Enhancing training and competency in managing patients with aggressive behavior using an interactive, self-paced online program for 1,000 nurses. This innovative approach will enhance retention and recall of knowledge while allowing nurses to practice and maintain their skills.
- II. Providing protective equipment such as arm guards for nurses in high risk areas to reduce the severity of physical assaults including abrasions, scratches, stabs, and bites inflicted on nurses by patients.
- III. Enhancing physical and environmental infrastructure in key areas with information technology solutions including panic buttons, arm guards, keyboard emergency activation and Vocera™ phone technology.

Nurses benefited from this project by gaining access to interactive self-paced, on demand, online WPV training and education via self-registration in our Learning Management System. Additionally, those units identified with the highest reports of workplace violence will be required to complete this training in the next fiscal quarter. Our system and community wide campaign against WPV, in collaboration with key stakeholders will raise awareness within the community we serve. We released a short layperson e-learning on workplace violence to all recent participants of the Dallas-Fort Worth Hospital Association Fall Learning Consortium and to Deans of local nursing schools to share with their students. Additionally, with the purchase of grant funded arm guards as personal protective equipment we anticipate a reduction in bites and scratches resulting from physical assaults for our staff. They are being deployed to our emergency and psychiatric areas that are at highest risk and have the highest reported incidents prior to implementation of this new product. Parkland remains relentlessly committed to pursuing innovative solutions and collaborating and sharing lessons learned with others interested in similar work to ensure the safety of Parkland nurses and continued protection of the profession.

We encountered barriers that hindered our ability to deploy the keyboard emergency activation and Vocera™ phone technology. After testing the keyboard emergency technology with the vendor, we identified system limitations of the

Lynx™ software for location services within Parkland and its efficacy for our nursing staff. The location services solution (Lynx™) would have required additional unplanned/unbudgeted staffing to be operated maintained appropriately as well as ongoing educational needs for current and new hires to provide overall sustainability. We were not able to test the Vocera™ phone technology, as the device would not appropriately notify the Police Department when a user is unable to communicate verbally without having the floor plan with the Access Point (AP) information from the Cisco controller. Parkland is unable to provide the AP Radio MACs currently. We also provided a demo of the product and the ED and Police Department indicated that they didn't feel another device to monitor each day would be beneficial. As a result, we explored other safety options to provide safety for our nurses and have identified key opportunities to reduce both physical and verbal violence at Parkland.

In addition, the cost of the facility panic alarms was overestimated in the original budget request; and we recognized that there was a greater need for use of personal panic alarms attached to the employee badge or worn on a break-away lanyard. We requested a budget reallocation to ensure all nursing staff across the system were provided an individual panic alarm for a timely response for assistance to help reduce the severity of physical violence. Each nurse has been supplied a personal panic alarm and multiple communications distributed enterprise-wide to educate staff on how to appropriately respond in an emergent situation when the panic sound was emitted.

We purchased armguards (used for protection in paintball or similar sports) to deploy in the Main ED, Psych- ED and SICU departments to reduce the number of cuts, bites, and abrasions during a physical assault. The initial purchased armguards offered limitations for our staff which included improper fit and safety coverage, and aesthetics of the armguards could be intimidating to patients and potentially further escalate the situation. We researched further and identified that Kevlar™ arm sleeves were more suitable for our nursing staff's needs. The Kevlar™ sleeves are 'one size fits all' and universal for both arms and provide full wrist to elbow safety protection while not being aesthetically intimidating.

Due to the excess funds from the failed technology solutions, we requested a budget reallocation to use the remaining funds to upgrade our lighting at our COPC's. A recent audit by our administration identified concerns with lighting due to age of fixtures and reliability of lighting systems. The intent was to drastically increase lighting levels for increased security, surrounding awareness and reliability at Parkland facilities. Unfortunately, this request was denied, since the funds are

strictly for use in hospitals, nursing facilities, home health agencies, and freestanding emergency medical centers. This resulted in \$104,729 in unobligated funds, since (we were not able to appropriately vet any other safety measures within the remaining time allotted.

We will be tracking compliance of required E Learning in 4 hospital areas and the number of completions from the community course. The community course will be required for all nursing students entering the healthcare system after January 1, 2020. Additionally, we monitor number of safety posts and severity index monthly. In January 2020, Parkland will complete a second Plan-Do-Study-Act (PDSA) cycle on the implementation of the personal alarms to ensure we have decreased severity of type 1 and 2 violence and enhanced the culture of safety for our employees. Quality metrics are also reviewed monthly by the Workplace Violence Steering Committee and additional interventions and re-education are provided as needed. A second cycle perception of harm risk survey will also be deployed in the emergency and ambulatory areas in April 2020 to ensure we have enhanced our staffs' perception of safety within their work environments by adding the above interventions.

Project Description

Report Narrative

There has been a significant increase (66%) as reported in our Safety Event Reporting System (Datix) where monthly reports are generated, in patient assaults on employees' hospital-wide in the past three years. Most of these cases occurred in high risk areas including the Emergency Department (ED), Inpatient Psychiatry Unit (17th floor), Med-Secure Unit (17th floor), and the Psych-ED at Parkland Hospital. Parkland uses a standard severity rating scale as per the vendor where the severity levels range from 1 (unsafe condition) to 9 (death). There was an urgent need to strengthen existing structures and scale up WPV prevention efforts in these high- risk areas with the increase in WPV incidences in the acute care setting.

It was recommended that nurses working in the high-risk settings complete an initial 8-hour performance based non-violent crisis intervention training program. Those who work in the ED and Psych-ED are required to maintain this certification by attending an annual 4-hour renewal class. Current WPV training and education offered at Parkland was in a traditional classroom format. This format allowed for a limited number of employees to be trained at one time based on a fixed schedule

and is dependent on the availability of trainers. This grant project allowed us to develop an interactive, online course to allow nursing staff to be more engaged, resulting in an increase retention and recall of content taught. Our course is self-paced and equips nurses with the necessary communication skills that can help de-escalate situations and consequently reduce the frequency of verbal violence against nurses. Additionally, it provides an overview of national and state-wide statistics, legislature and interventions being done to highlight and address this epidemic. Application of learning is verified through knowledge checks and 'Just in Time' learning scenarios.

Nurses working in high risk areas did not have access to individual security enhancing technology or safety equipment. We purchased and deployed personal panic alarms to each nurse to be worn with their access badge or on a break-away lanyard. We provided enterprise-wide communication to educate staff on the use of the alarms and instructions on how to respond appropriately. Access to such equipment can help provide a timely response of our police department and reduce the severity of physical violence against nurses. The project also provides Kevlar™ arm guards to be worn by staff as a preventative measure against cuts, scratches, and abrasions which often results from physical assaults. We have yet to determine the successes of the implementation of these items but plan to continue to monitor our data trends. We adjusted our event reporting system in October 2019 because of the implementation of these two interventions and have limited data elements at this time. The data obtained will continue to be presented at the monthly WPV Committee.

Parkland took a comprehensive approach to address WPV including primary, secondary and tertiary interventions aimed at protecting more than 4,000 nurses. A key primary intervention provided the interactive, online, WPV prevention training to 1,000 nurses who were not provided this essential training before. Secondary interventions were aimed at enhancing existing physical and environmental infrastructure to reduce the frequency and severity of WPV incidences. This included the acquisition of arm guards and personal panic buttons. Tertiary interventions were aimed at reducing the negative impacts of WPV by offering peer support programs in the workplace and promoting public awareness on WPV within the community. Data elements from the Peer Support Group demonstrates that approximately fifty percent (50%) of the calls to the peer supporters have been related to a staff member or group of employees having been involved in a workplace violence incident. The public awareness campaign has only been socialized with the local DFW Hospital Council but has yet to be actioned.

Implementation Methodology

The timeline for implementation varied from what was proposed in our application for several different reasons. We encountered project assignment delays due to resource availability, technology solutions that were not compatible with Parkland's infrastructure, inaccurate usage and cost estimates, and improper vetting of products with the end user. Despite these obstacles, Parkland was successfully able to purchase the personal alarms and the protective arm guards. Staff feedback included the improved feeling of security knowing they have an alarm to immediately elicit help. In one specific incident, the nursing leader stated, "the use of the personal alarm deployed help to the victim and likely prevented others from being harmed." The grant award also provided protective arm sleeves that are utilized within our ED and Psych areas to mitigate the number of cuts, bites, and abrasions during a physical assault. We recommended that nursing staff utilize the Kevlar™ arm guards as protective equipment during an acute behavioral crisis. An acute behavioral crisis is defined by the patient having irrational thoughts of harming self or others, including but not limited to: yelling, throwing objects, biting, striking out, spitting, or any other volatile behaviors.

We updated our Safety Center tracking tool for users to indicate when the personal alarms and arm guards were utilized; this allows us to track the performance of the safety measures implemented. Leadership will monitor this data to identify opportunities for additional training and/or deployment to additional departments within the enterprise.

Project Goals and Evaluation

The project was aimed at reducing both physical and verbal violence at Parkland. Since environmental, behavioral, cultural and administrative factors all contribute to the incidence and prevalence of WPV, Parkland aimed to use a comprehensive approach that includes primary, secondary and tertiary level interventions to mitigate WPV incidences across the system. Through use of funding obtained, we strengthened existing structures and advanced ongoing efforts in building a comprehensive plan that included environmental, behavioral, and administrative interventions for the acute care, ambulatory care, and correctional health settings.

Primary objectives included:

1. Enhance behavioral training and education to prevent WPV

2. Enhance peer support programs post WPV incidences
3. Initiate community WPV campaigns to increase public awareness
4. Identify further Quality Improvement opportunities, drive innovations and development of best practice guidelines for the hospital-based setting.

In collaboration with the Parkland Police Department and the Patient Safety and Clinical Risk Management Department, Parkland tracks WPV events daily, the data includes:

- Verbal Assault
- Physical Assaults
- Disruptive Behavior
- Destruction of Property
- Behavioral Emergency Response Team (BERT) Calls
- Emergency Medications administered
- Behavioral Alerts and behavioral care plans

Current baseline measures at Parkland suggest staff report WPV events where there is physical harm and disruptive behavior but are less likely to report verbal assaults. Physical injuries include fractures to the jaw, fingers and long bones and pulling of hair or limbs which have caused dislocation. Over a three-year span, there has been a reported increase of disruptive behavior by 69% and of the physical assaults by 66% as noted in our Safety Event Reporting System, (Datix). In the last year (2018), there was a significant improvement in reporting of verbal assaults by 71% due to the increased emphasis on reporting. This number (n=84) pales in comparison the 438 physical assaults and 392 disruptive behavior events.

The proposed outcome measures include:

- I. 5% decrease in total incidents of WPV where nurses are involved
- II. 5% decrease in aggregated severity of incidents of WPV where nurses are involved
- III. 5% decrease of reported physical incidents of WPV where nurses are involved
- IV. 5% increase of reported verbal incidents of WPV where nurses are involved

This will include performance measures and outcomes surrounding verbal and physical assaults, as well as monitoring changes related to the severity and

frequency of verbal and physical violence against nurses following implementation of protective equipment and personal panic alarms.

Impact

Nurses have greater awareness of WPV events because of several focused efforts of education, involvement in product selection and a healthcare organization campaign supported by Parkland's Executive Leadership. With emphasis on the need for reporting WPV events, during the grant period demonstrated the following:

- Total number of WPV events reported did not decrease but inversely increased due to the emphasis on reporting.
- The aggregated harm severity did not meet the goal (3.8) and was reported at 4.06, likely due to the increased emphasis on reporting.
- The number of reported physical assaults exceeded the goal (227) where the current fiscal year (FY) report is at 397 from January through September 2019.
- The number of verbal assaults was the one goal that was attained where the goal was to increase reporting over verbal assaults by 5%. The FY reported number is 87 where the expected goal was 30.
- Behavioral Emergency Response Team (BERT) calls - The Behavioral Emergency Response Team (BERT) teams were launched in October of 2017 where monthly data continues to be collected. Based on two full years of data, units most likely to call BERT are the medicine and surgical units. Some patients with co-existing behavioral health and medical issues are located on these units and staff are not as highly skilled in de-escalation in comparison to peers in the Emergency and Behavioral Health Departments. There is an approximate average of 45-50 calls per month and whereby emergent medications are administered in approximately one quarter of the calls. Additional data elements tracked include repeat calls for the same patient, 'unique' patients and more recently, antecedent (triggering) events and interventions.
- Use of the personal alarms has been well received by staff. Anecdotally, staff have stated they 'I feel Parkland is doing more to prevent violence than any other hospital in the Metroplex' and "I like having the alarms, it makes me feel more secure'. Staff also have expressed the prevention of further staff harm with the use of the alarm as the piercing sound deploys other staff to the sounding location. Although, we are monitoring the use of the personal alarms, clinical facing

personnel and leaders beyond nursing have a desire to purchase and whereby a formal request to the Parkland Foundation has been submitted.

Lessons Learned

As noted, Parkland encountered project assignment delays due to resource availability, technology solutions that were not compatible with Parkland's infrastructure, inaccurate usage and cost estimates, and improper vetting of products with end user. Due to these obstacles, lessons learned include:

- Prior to kick-off of project, ensure that products and technology solutions are appropriately vetted;
- Identify the proper project resources with business partner drafting the strategic business case and ensure resource availability at capacity planning;
- Utilize available reporting to perform proper usage and cost estimates;
- Enlist feedback for frontline staff on all product selections. This was done for the alarms but not initially for the protective arm sleeves; and
- Communicate, communicate, and communicate. Stakeholders need to hear expectation's multiple times prior to implementation.

Sustainability

Effective sustainability of the program will depend on fostering a multifaceted interdisciplinary approach between hospital administration, the Parkland Police Department, the Patient Safety and Clinical Risk Management Department clinical staff, and human resources (HR), among others. Parkland's Nursing Strategic Plan 2017-2020 strategic focus #2 is aimed at fostering a culture of safety and quality tracked on an annual basis using the Culture of Safety Survey.

The WPV Committee will continue to sustain the following efforts in collaboration with others

- I. Frequent monitoring and tracking of WPV incidents to determine if the frequency and severity of physical and verbal injuries are declining.
- II. Annual culture of safety and employee engagement survey metrics with focused questions related to employee safety.
- III. Safety Stand-Downs with executive leadership on each WPV event to ensure WPV incidents to maintain heightened awareness throughout the institution and to foster a culture of sharing lessons learned.

- IV. Strengthen WPV training across all programs including new hire orientation.
- V. Monitor effectiveness of WPV peer support programs.
- VI. Support a recognition program for nurses who effectively manage WPV incidences.
- VII. Timely and accurate risk assessments, data metrics added to the Daily Executive Huddle Board for transparency.
- VIII. Ongoing testing of innovative IT solutions to ensure effectiveness.
- IX. Track workers compensation and Human Resources data.
- X. Biannual WPV campaigns in the workplace and annual community wide WPV campaigns.

Budget

We spent \$221,523 of the \$325,000 awarded to fund primary, secondary and tertiary interventions aimed at reducing WPV at Parkland. Initially, \$159,997 was allocated for the acquisition and implementation of a web based online WPV training platform for nursing staff who have not previously received the WPV classroom training. The fees included setup and maintenance of the online system, in addition to the development of our community wide WPV campaign. Parkland will provide necessary institutional in-kind support related to the use of Parkland facilities, computers, statistical support for data analysis, creating, editing and developing the clinical scenarios in collaboration with online training vendor and the video, and content editing support for marketing efforts and dissemination of project outcomes at various forums including a webcast as required by the funding agency.

The cost to purchase and deploy individual security enhancing technology or safety equipment was \$61,527; this was comprised of \$60,275 for the personal panic alarms and \$1,251 for 125 sets of Kevlar™ arm guards.

Due to the excess funds from the failed technology solutions, we requested a budget revision to use the remaining funds to upgrade our lighting at our COPC's based on identified needs from a recent audit. Unfortunately, this request was denied, since the funds are strictly for use in hospitals, nursing facilities, home health agencies, and freestanding emergency medical centers. We were not able to appropriately vet any other safety measures within the remaining time allotted. This resulted in over \$104,729 in unobligated funding.

Data

Parkland continued to track all nursing related workplace violence events each month to determine if the interventions were effecting change.

The proposed outcome measures included:

- I. 5% decrease in total incidents of WPV where nurses are involved.
- II. 5% decrease in aggregated severity of incidents of WPV where nurses are involved.
- III. 5% decrease of reported physical incidents of WPV where nurses are involved.
- I. 5% increase of reported verbal incidents of WPV where nurses are involved.

As noted in the data below, Parkland was successful in only one of the defined metrics. Although the data reports note the success of one metric, increased reporting of verbal assaults, there has been an increase (and not a proposed metric decrease). Although our data has not met the expected proposed metrics, our WPV program and emphasis on the importance of reporting all types of WPV evens has shown a positive increase. Staff have much more awareness than they did prior to the grant. Our staff support program, Supporting Parkland Staff [SPARKS]) also began the number of encounters related to workplace violence events. Data through October 2019 reveals, thirty percent (30%) of the calls for SPARKS were related to workplace violence incidences. With the purchase and use of the personal alarms, staff have voiced more secure feelings and an immediate ability to call attention to others when in need. Some of the comments from staff members include:

"I used the alarm when a patient was approaching, and he jumped back when it went off."

"Staff sounded the alarm when an agitated patient knocked a police officer to the ground. The patient hit the nurse in the stomach and another in the mouth. When staff heard the alarm, they quickly responded to hold the patient until other police arrived. Use of the alarm prevented others from being more severely harmed."

"It has been a privilege to work on the WPV grant and to provide staff alternatives that we did not have prior. We wish we would have used the full amount of the allocated dollars."