

36TH ANNUAL **AHA RURAL HEALTH CARE** | LEADERSHIP CONFERENCE

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JW MARRIOTT SAN ANTONIO HILL COUNTRY

# Preventing, Mitigating and Responding to Violence in the Rural Hospital Setting

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# Definition

“Workplace violence is an act or threat occurring at the workplace that can include any of the following: verbal, nonverbal, written or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors of concern involving staff, licensed practitioners, patients, or visitors.”

- The Joint Commission

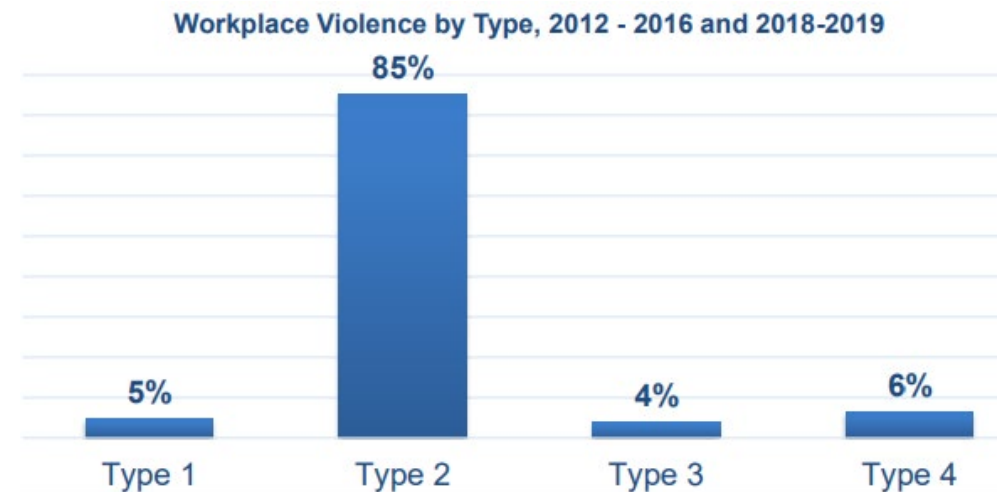
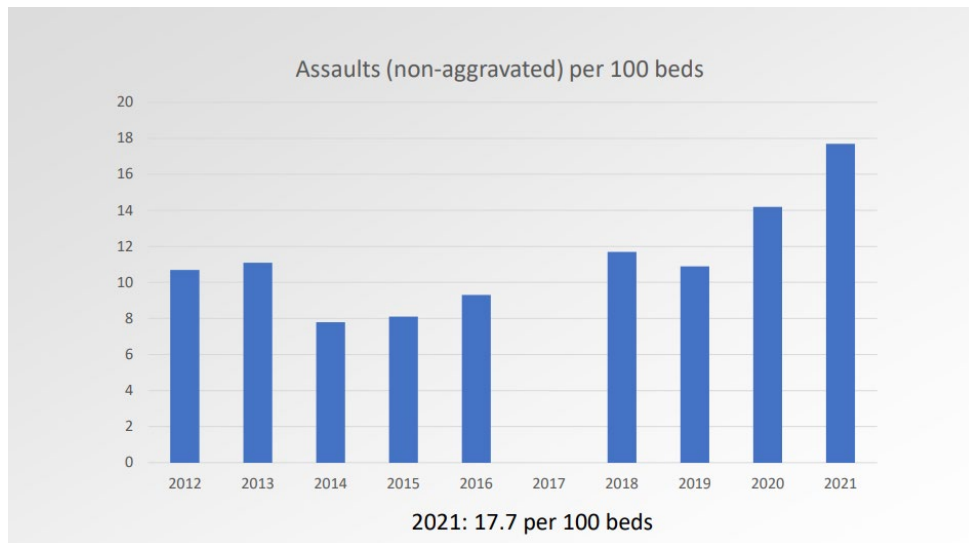


# Violence Against Caregivers

More likely to be subjected to workplace violence than any other industry

Healthcare leads in non-fatal workplace violence injuries: 5x greater than all other industries

Bedside Nurses are at greatest risk





# Framework



# Foundations

Leadership

Engaged Multidisciplinary Team

Reporting Culture

Worksite Analysis

Education and Training

Prevention Strategies

Response, Intervention and Recovery Capabilities

Threat Assessment and Threat Management

Program Evaluation and Performance Improvement

# TJC 2022 Elements of Performance

## Leadership

**Standard LD.03.01.01: Leaders create and maintain a culture of safety and quality throughout the hospital.**

<b>Requirement</b>	<b>EP 9:</b> The hospital has a workplace violence prevention program led by a designated individual and developed by a multidisciplinary team that includes the following: <ul style="list-style-type: none"><li>- Policies and procedures to prevent and respond to workplace violence</li><li>- A process to report incidents in order to analyze incidents and trends</li><li>- A process for follow up and support to victims and witnesses affected by workplace violence, including trauma and psychological counseling, if necessary</li><li>- Reporting of workplace violence incidents to the governing body</li></ul>
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## Human Resources

**Standard HR.01.05.03: Staff participate in ongoing education and training.**

<b>Requirement</b>	<b>EP 29:</b> As part of its workplace violence prevention program, the hospital provides training, education, and resources (at time of hire, annually, and whenever changes occur regarding the workplace violence prevention program) to leadership, staff, and licensed practitioners. The hospital determines what aspects of training are appropriate for individuals based on their roles and responsibilities. The training, education, and resources address prevention, recognition, response, and reporting of workplace violence as follows: <ul style="list-style-type: none"><li>- What constitutes workplace violence</li><li>- Education on the roles and responsibilities of leadership, clinical staff, security personnel, and external law enforcement</li><li>- Training in de-escalation, nonphysical intervention skills, physical intervention techniques, and response to emergency incidents</li><li>- The reporting process for workplace violence incidents</li></ul>
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## Environment of Care

**Standard EC.02.01.01: The hospital manages safety and security risks.**

<b>Requirement</b>	<b>EP 17:</b> The hospital conducts an annual worksite analysis related to its workplace violence prevention program. The hospital takes actions to mitigate or resolve the workplace violence safety and security risks based upon findings from the analysis. (See also EC.04.01.01, EP 1)  Note: A worksite analysis includes a proactive analysis of the worksite, an investigation of the hospital's workplace violence incidents, and an analysis of how the program's policies and procedures, training, education, and environmental design reflect best practices and conform to applicable laws and regulations.
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# TJC Revised EPs

## Standard EC.04.01.01: The hospital collects information to monitor conditions in the environment.

<b>Requirement</b>	<b>EP 1:</b> The hospital establishes a process(es) for continually monitoring, internally reporting, and investigating the following: <ul style="list-style-type: none"><li>- Injuries to patients or others within the hospital's facilities</li><li>- Occupational illnesses and staff injuries</li><li>- Incidents of damage to its property or the property of others</li><li>- <b>Safety and security incidents involving patients, staff, or others within its facilities, including those related to workplace violence</b></li><li>- Hazardous materials and waste spills and exposures</li><li>- Fire safety management problems, deficiencies, and failures</li><li>- Medical or laboratory equipment management problems, failures, and use errors</li><li>- Utility systems management problems, failures, or use errors</li></ul> <p style="text-align: right;"><i>Cont.</i></p>
<b>Requirement</b>	<p style="text-align: right;"><i>Cont.</i></p> <p>Note 1: All the incidents and issues listed above may be reported to staff in quality assessment, improvement, or other functions as well as to the designated leader of the workplace violence reduction effort. A summary of such incidents may also be shared with the person designated to coordinate safety management activities.</p> <p>Note 2: Review of incident reports often requires that legal processes be followed to preserve confidentiality. Opportunities to improve care, treatment, or services, or to prevent similar incidents, are not lost as a result of following the legal process. (See also EC.02.01.01, EP 17)</p> <p><b>EP 6:</b> Based on its process(es), the hospital reports and investigates the following: <b>Safety and security incidents involving patients, staff, or others within its facilities, including those related to workplace violence.</b></p>



# Multidisciplinary Team

**Public Safety / Security**

Risk Management

Human Resources

Occupational Health

Legal Services

Quality, Safety and Patient Relations

Clinical (Nurses, Providers, Social Work, Specialty Services)

External Agencies (Law Enforcement, Public Health, Social Services)

Support Services (Facilities, Organizational Learning, Front End, etc.)

***Combination of Leaders and Front Line Staff***

# Mindset



# 7 Lessons from 23 + years...

Lashing out at healthcare workers seems to be a coping mechanism for people who are in pain, stressed out, frustrated, humiliated and/or afraid.

Deep breaths help before going to start any encounter. Walking away helps. Letting someone else take over helps.

Giving second and third chances is effective. Accepting apologies and starting over is just the right thing to do.

Detaching and not judging these patients and visitors is hard work! But I step out of bounds as a professional when I choose to react emotionally instead of responding thoughtfully.

Kindness works wonders...

Taking it personally happens even to the best of us. **Forgive yourself** and commit to doing better next time.

These people would do better if they could do better.....

# Healthcare expectations in 2023



# EXPECTATIONS

# Agitation and Aggression

20%



**ANGER:**

insecure annoyed frustrated scared hurt  
stressed worried embarrassed nervous  
regret disrespected grief shame  
overwhelmed tricked lonely  
disgusted guilt anxious  
disappointed trapped  
attacked grumpy  
uncomfortable  
rejected  
trauma  
envious

**THE ICEBERG  
OF OUR LIVES**





# Violence: It is NOT part of the job! What is the Solution?



**PERSONAL  
PROTECTION  
PLAN**



# Intervention Misconception # 1

*“Believing that others will react as we would is the single most dangerous myth of intervention.”*

Gavin de Becker  
*The Gift of Fear*

Beth Israel Lahey Health   
Lahey Hospital & Medical Center

**ATTENTION**  
PATIENTS & VISITORS

Our hospital is a healing environment. Aggressive behavior will not be tolerated.

Examples of aggressive behavior include:

- Physical assault
- Verbal harassment
- Abusive language
- Sexual language directed at others
- Threats
- Failure to respond to staff instructions

There is **zero tolerance** for all forms of aggression. Incidents may result in removal from this facility and prosecution.

Administration supports staff in pressing charges for aggressive behavior they encounter while caring for patients.



## ATTENTION

Our workers have the right to be treated with dignity and respect at all times.

They should be able to do their jobs without being physically or verbally abused or discriminated against.

Thank you for respecting their right to an abuse free workplace.

**NO WEAPONS**



# Is Disrespect Part of the Job?



## Customer Service Attitude

### Rule #1

The customer is always right.

### Rule #2

If the customer is ever wrong,  
re-read Rule #1.



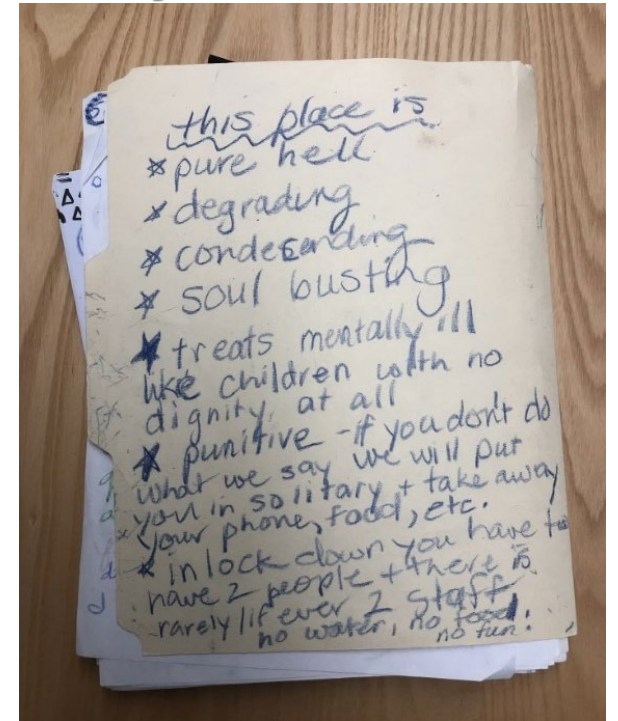


What is **really** causing all of this bad behavior?

# Precipitating Factors

- Substance Use Disorder
- Chronic Alcohol Use
- Psychological
- Poverty
- Housing
- Loss of Power / Fear
- Job Loss
- Loss of Loved One
- Relationship Issues

- Distrust of Authority
- Loneliness
- Boredom
- Hunger
- Lack of Sleep
- Stress
- Physiological
- PTSD
- **Early Childhood Trauma**





# Recommended Research: ACE Study

Research Article

## Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults

### The Adverse Childhood Experiences (ACE) Study

Vincent J. Felitti, MD, FACP, Robert F. Anda, MD, MS, Dale Nordenberg, MD, David F. Williams, Alison M. Spitz, MS, MPH, Valerie Edwards, BA, Mary P. Koss, PhD, James S. Marks, MD, MPH

**Background:** The relationship of health risk behavior and disease in adulthood to the breadth of exposure to childhood emotional, physical, or sexual abuse, and household dysfunction during childhood has not previously been described.

**Methods:** A questionnaire about adverse childhood experiences was mailed to 13,494 adults who completed a standardized medical evaluation at a large HMO; 9,508 (70.5%) responded. Seven categories of adverse childhood experiences were studied: psychological, physical, or sexual abuse; violence against mother; or living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned. The number of categories of these adverse childhood experiences was then compared to measures of adult health behavior, health status, and disease. Logistic regression was used to adjust for effect of demographic factors on the association between the cumulative number of categories of childhood exposures (range: 0–7) and risk factors for the leading causes of death in life.

**Results:** More than half of respondents reported at least one, and one-fourth reported two or more, categories of childhood exposures. We found a graded relationship between the number of categories of childhood exposure and each of the adult health risk behaviors and diseases that were studied ( $P < .001$ ). Persons who had experienced four or more categories of childhood exposure, compared to those who had experienced none, had a 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide; a 2- to 4-fold increase in smoking, poor self-rated health,  $\geq 50$  sexual intercourse partners, and sexually transmitted disease; and a 1.4- to 1.6-fold increase in physical inactivity and severe obesity. The number of categories of adverse childhood exposure showed a graded relationship to the presence of adult diseases including ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease. The categories of adverse childhood experiences were strongly interrelated and persons with multiple categories of childhood exposure were likely to have multiple health risk factors later in life.

**Conclusions:** We found a strong graded relationship between the breadth of exposure to abuse and household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults.

**Medical Subject Headings (MeSH):** child abuse, sexual, domestic violence, spouse abuse, children of impaired parents, substance abuse, alcoholism, smoking, obesity, physical activity, depression, suicide, sexual behavior, sexually transmitted diseases, chronic obstructive pulmonary disease, ischemic heart disease. (Am J Prev Med 1998;14:245–258) © American Journal of Preventive Medicine



### Finding Your ACE Score

How often were you growing up, during your first 18 years of life:

parent or other adult in the household **often or very often...**  
scared, insulted you, put you down, or humiliate you?

**or**  
in a way that made you afraid that you might be physically hurt?  
Yes No If yes enter 1 \_\_\_\_\_

parent or other adult in the household **often or very often...**  
yelled, grabbed, slapped, or threw something at you?

**or**  
hit you so hard that you had marks or were injured?  
Yes No If yes enter 1 \_\_\_\_\_

adult or person at least 5 years older than you **ever...**  
sexually abused, fondled, or have you touch their body in a sexual way?

**or**  
sexually abused or actually have oral, anal, or vaginal intercourse with you?  
Yes No If yes enter 1 \_\_\_\_\_

**often or very often** feel that ...  
no one in your family loved you or thought you were important or special?

**or**  
family didn't look out for each other, feel close to each other, or support each other?  
Yes No If yes enter 1 \_\_\_\_\_

**often or very often** feel that ...  
didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

**or**  
parents were too drunk or high to take care of you or take you to the doctor if you needed  
care?  
Yes No If yes enter 1 \_\_\_\_\_

parents **ever** separated or divorced?

Yes No If yes enter 1 \_\_\_\_\_

stepmother:  
parent or stepmother: **often or very often** pushed, grabbed, slapped, or had something thrown at her?

**or**  
**sometimes, often, or very often** kicked, bitten, hit with a fist, or hit with something hard?

**or**  
repeatedly hit at least a few minutes or threatened with a gun or knife?  
Yes No If yes enter 1 \_\_\_\_\_

lived with anyone who was a problem drinker or alcoholic or who used street drugs?  
Yes No If yes enter 1 \_\_\_\_\_

household member depressed or mentally ill, or did a household member attempt suicide?  
Yes No If yes enter 1 \_\_\_\_\_

household member go to prison?  
Yes No If yes enter 1 \_\_\_\_\_

add up your "Yes" answers: \_\_\_\_\_ This is your ACE Score.

# Comparison (borrowed from Ruth Potee, MD)



# Reflection

## Federal Regulator Cites Baltimore Hospital After Patient Left At Bus Stop In Gown

March 21, 2018 · 3:14 PM ET

University of Maryland hospital apologizes for its failure to discharged patient found on street in hospital gown

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"We take full responsibility for this failure," Dr. Mohan Suntha said during a Thursday afternoon news conference. The hospital did not provide "basic humanity and compassion," he added.





# Skills

## Top 10 Soft Skills for Customer Service Jobs



Clear  
Communication



Listening  
Skills



Self-Control



Positive  
attitude



Assertiveness



Conflict  
Resolution



Empathy



Depersonalization



Taking  
Responsibility



A sense  
of humor

# Detachment

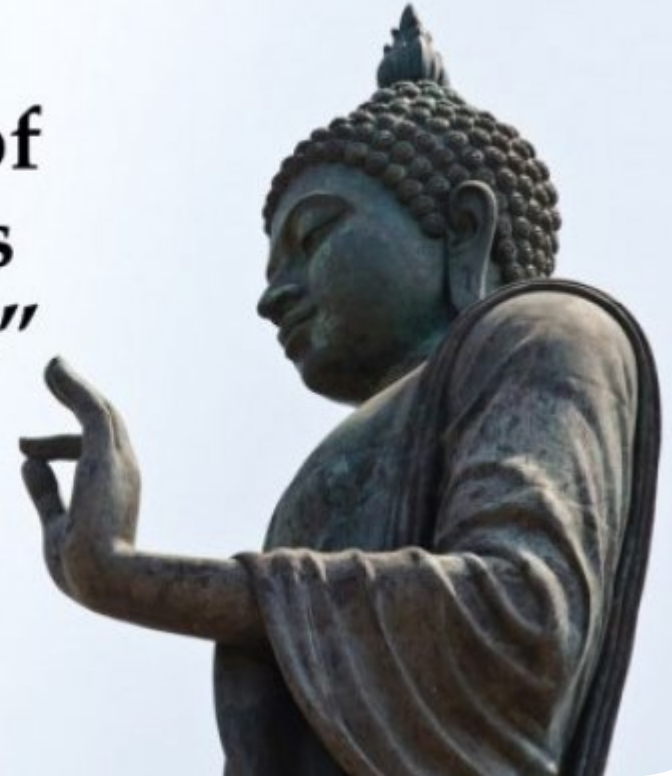
Before work

During high stress

After the worst day

**“The root of  
suffering is  
attachment”**

**The Buddha**





# Empathic Listening

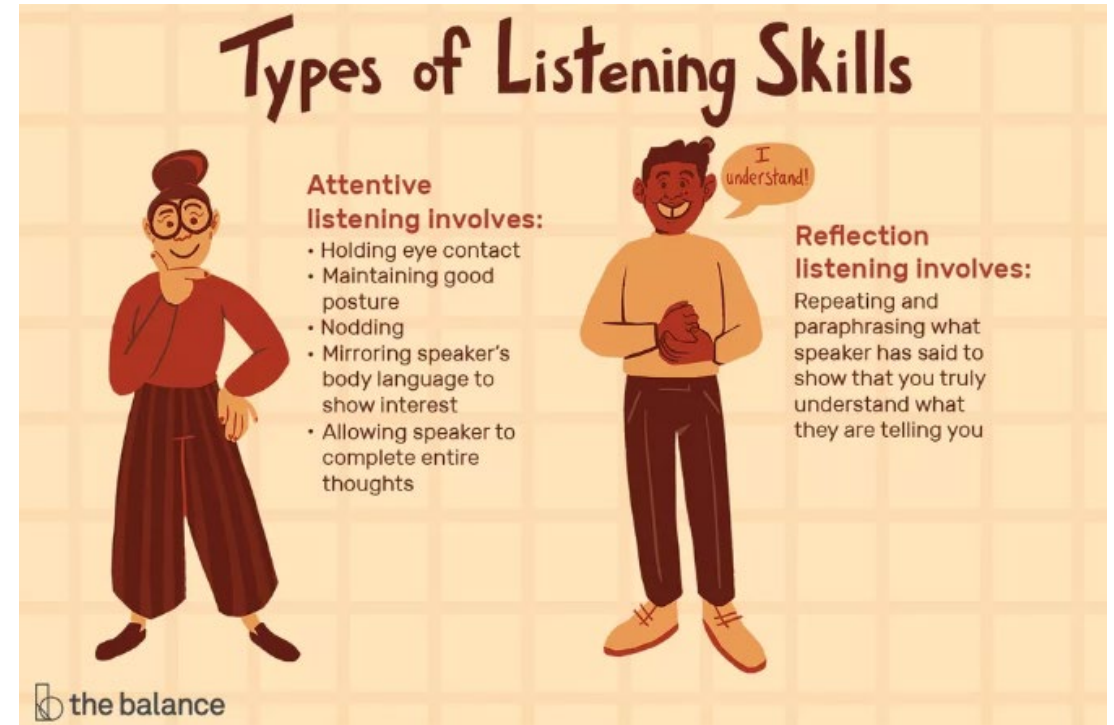
No judgment

Provide your undivided attention

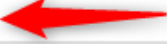
Listen carefully (focus on feelings and facts)

Allow silence for reflection

Restate and paraphrase



# Words Matter...

Preferred language:	Instead of:
She is a person who receives help/treatment for mental health or substance use problem or a psychiatric disability	She is a patient
He is a person with a disability	He is disabled/handicapped
She is a child without disabilities	She is normal
He has a diagnosis of bipolar disorder	He is (a) bipolar
He is living with bipolar disorder	
She has a mental health problem or challenge	She is mentally ill/ emotionally disturbed/ psycho/ insane/lunatic
She is a person with lived experience of a mental health condition	
He has a brain injury	He is brain damaged
He experiences symptoms of psychosis/ He hears voices	He is psychotic
She has an intellectual disability	She is mentally retarded
He has autism	He is autistic
Is receiving mental health services	Mental health patient/case
Attempted suicide	Unsuccessful suicide
Died by suicide	Committed suicide
A student receiving special education services	Special education student
Person with substance use disorder 	Addict, abuser, junkie
Person experiencing alcohol/drug problem	
Experiencing, or being treated for, or has a diagnosis of, or a history of, mental illness	Suffering with, or a victim of, a mental illness



# Effective Communication

## *Calm Confidence*

*Lean in...* Be supportive

Assertive response, only as needed

No egos!

Substitute out!

Pre-plan with colleagues

Master the art of setting limits

Accept apologies / start over



# Responding to Disruptive Behavior

Don't pick up the rope!

Allow for venting

Remove the person

Remove the audience

Move yourself to safety



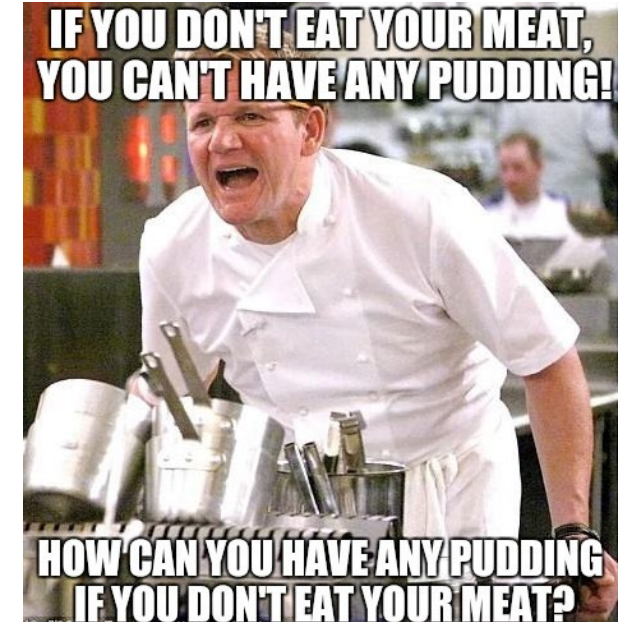
# Riley's Keys to Setting Limits

## ED Common Refusals

Disrobe  
Medication  
Give up Belongings/Phone  
Cooperate w/ Plan of Care  
Stay in Bed  
Discharge / Transfer  
Urine / Blood

## Potential Rewards

Phone  
Food & Drink  
Visitor(s)  
Faster Process  
Special Activities  
Left Alone by Staff  
Won't call the Police





# Personal Protection Plan

Awareness

Positioning

**Stance and Spacing**

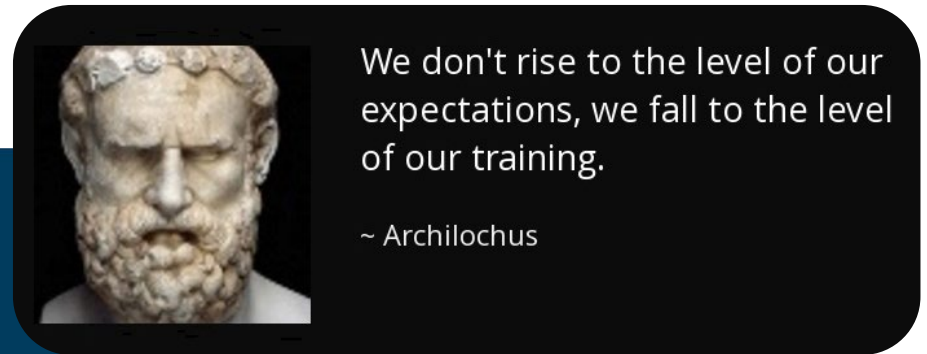
Sitting / Standing / Barriers

Activate a response!

**Disengage!**

Active Defensive Skills

## Own the Door



We don't rise to the level of our expectations, we fall to the level of our training.

~ Archilochus

# Own Your Response...

Q-TIP

Quit  
Taking  
It  
Personally



compassionate self-empathy  
empathic relationship  
communication  
safety presence warmth i hear you  
empathy  
hear heart  
connect  
listening mutual giving emotional request authenticity needs feelings compassion  
interpersonal understanding understand insight

# Conclusion

1. Treat all people with dignity, courtesy and respect – regardless of how they treat you
2. It is our responsibility to be the solution!
3. Choose your mindset / Don't apply a reasonable person standard
4. Don't judge / Aim for tension reduction
5. Be mindful of spacing and stance / Be agile and adapt
6. Disengage and activate a response

**Feedback?**

# Thank you!



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