



**Massachusetts General Hospital**  
Founding Member, Mass General Brigham

# **Challenges and Best Practices in Protecting the Healthcare Environment in Today's Complex World**

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WSB Atlanta

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## 'It's never OK to hit a nurse': nurse attacks on the rise across metro Atlanta, new analysis finds

Sophia Choi - Yesterday 4:50 PM

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## Nurse abuse is more common than ever, say officials

UCHealth taking measures

## 2 health care workers killed in Dallas maternity ward shooting identified

News

## Patient Arrested for Attack on New Jersey Hospital Security Officer

The suspect attacked the hospital security officer with his fist and a pen-styled knife.

Sun Journal, Lewiston, Maine

## 'Steady stream of resignations': Health care workers testify about workplace violence

MONTGOMERY REAL-TIME NEWS

## Alabama hospital security officer attacked, injured by visitor, warrant claims

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## Philadelphia health care workers say they experience violence and assaults 'constantly' while on the job

By Nicole Leonard · October 3, 2022

Special Reports > Features

## Violence Against Nurses Worse Than Ever, Analysis Finds

— Over 3 months in 2022, two nurses were assaulted every hour, on average

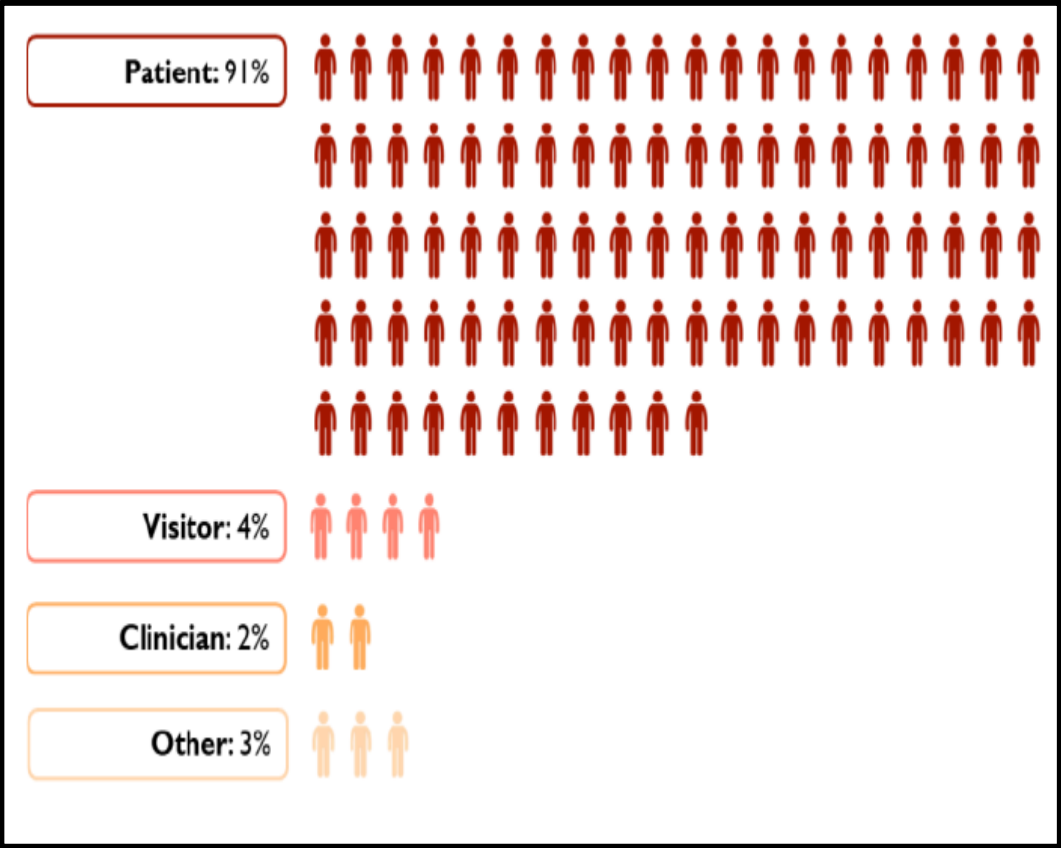
# Current Trends, Vulnerabilities, and Challenges

- Continuum: complacency → overreaction
- Increases in dysfunctional, conflict, and volatile behavior
- Recent national incidents promote fear and unrealistic expectations
- Injuries from assaults and attempted assaults are very low
- Verbal abuse and threats significant and affecting staff (i.e. lost work time)
- Geriatric and other population issues creating major unintentional violence
- Contraband/weapons brought into healthcare settings/metal detectors questionable
- Substance use increase and staff risk when responding to overdoses (i.e.- Fentanyl)
- Lack of psychiatric and skilled nursing facilities, and practitioners
- Visitor non-compliance problematic
- Anti-"isms": racial, LGBTQ, semitic, immigrant, Asian, women
- Staffing issues, morale, and well-being
- Compassion fatigue; balancing of Patient Rights and Code of Conduct
- Staff safety vs. patient care
- Longer lengths of stay impacts healthcare providers and patients
- Activist activities (i.e. transgender health and abortion becoming more prevalent and serious)
- *Recruitment and retention of security staff becoming much harder due to constant victimization, assaults, lower pay than security jobs in many other industries and the recruitment by municipal police departments*

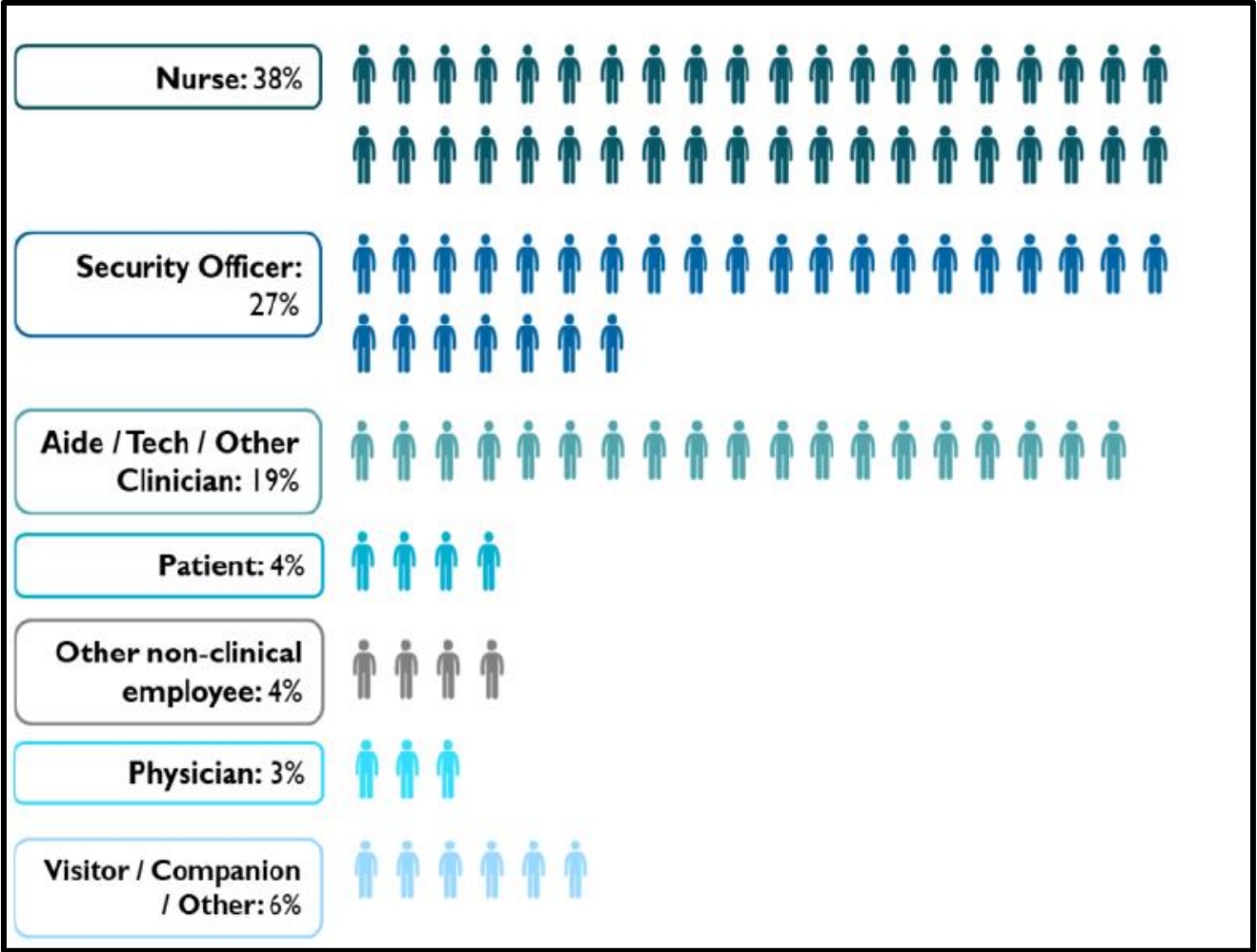


# Massachusetts 2019-2022

## Aggressors of Reported Incidents



## Victims of Reported Incidents



**“Our mission is to proactively and competently deliver protective and supportive services to the Mass General community, facilitating a welcoming, accessible and safe environment.”**





# Workplace Violence Prevention Model

## *OSHA's 5 Tiers*

- *Tier 1: Management Commitment and Worker Participation*
- *Tier 2: Worksite Analysis and Hazard Identification*
- *Tier 3: Hazard Prevention and Control*
- *Tier 4: Safety and Health Training*
- *Tier 5: Recordkeeping and Program Evaluation*



## *Revised Joint Commission Standards*

- *LD.03.01.01: The hospital has a workplace violence prevention program led by a designated individual*
- *EC.02.01.01: Annual analysis of WPVP program and subsequent mitigation and resolution of risks*
- *EC.04.01.01: Establish a process for continually monitoring, reporting, and investigating incidents*
- *HR.01.05.03: Staff participate in ongoing education and training*



# Program Highlights

## Hospital-Wide Workplace Violence Prevention Efforts

- We remain lower overall when comparing MGH assaults to national data
- ABRAT scores have resulted in an increased focus on community policing and selective patrols
- Trauma-informed care and positive interventions and tactics have reduced incidents of physical violence
- Code of Conduct has empowered staff to address and redirect poor behavior

## Emergency Department Enhancements

- ED will be rolling out ABRAT: increased communication + early intervention = decreased agitation and assaultive behavior
- Daily APS safety huddles were instituted to discuss issues or concerns
- ED to APS safety huddles are conducted when concerns arise about safely transporting a patient
- Police and Security are key members of the APS Agitation and Restraint Workgroup where incidents are reviewed and discussed
- A fixed post was created in the front of the ED where an officer is assigned 24/7

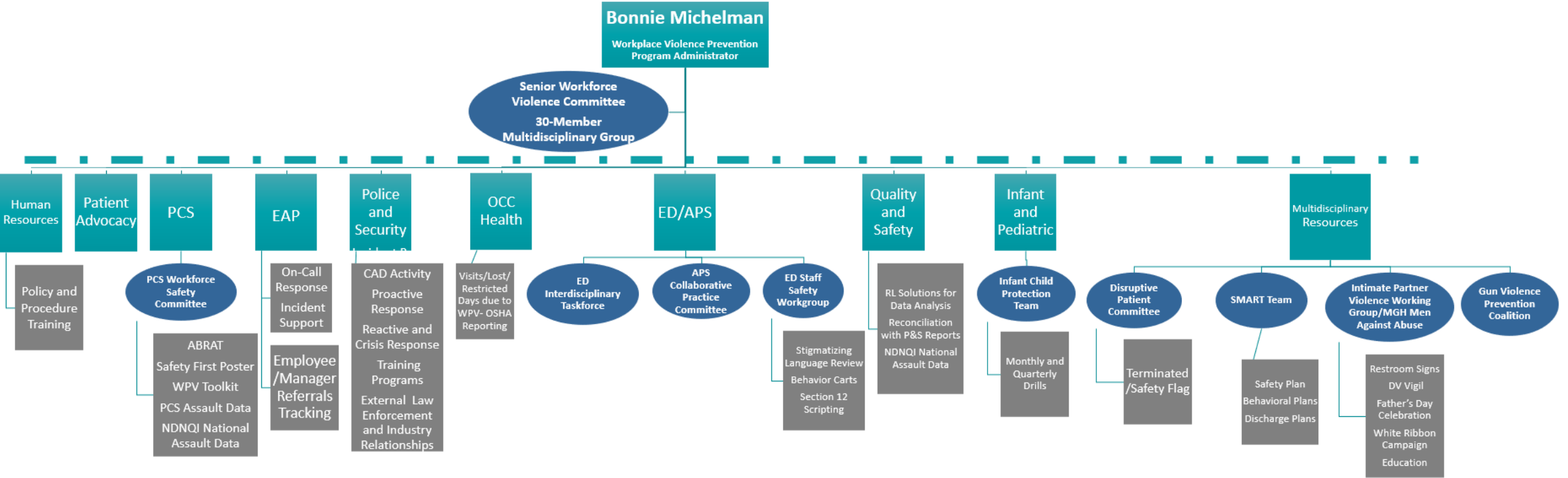
## Investigations

- Patients have been flagged and terminated from practices and physicians assisted in obtaining harassment orders against those patients
- We provide continued leadership or involvement in various interdisciplinary groups and committees focused on violence prevention
- We continue working with EAP/HAVEN to offer a multi-disciplinary team approach to intimate partner violence advocacy and resources

## Robust Training Programs



# Workplace Violence Program Structure



- Legend:
- Departments involved in Workplace Violence
  - Collaborative, Multi-disciplinary Groups
  - Initiatives, Resources, Tools





# Proactive Programs – Responses – Resources

\*\*\* many of the responses fit more than one category \*\*\*

## Police and Security

- Customized Safety Planning
- Crime Prevention through Environmental Design (CPTED)
- Data Analysis
- Domestic Violence Assistance
- Executive Protection
- Hugs Infant Protection System
- Investigations
- MGB Security Council
- Risk Assessment
- Situation Awareness Bulletins/BOLOs
- Tabletop Drills and Exercises
- Threat Assessment
- Tracer Rounds
- Visitor Access Control
- Voice/Video Intercom System

## Patient Care Services

- Code of Conduct
- ABRAT
- Circle Up Huddles
- Patient Navigator
- Safety Security Risk Icon
- Workplace Violence Toolkit
  - Interventions
  - “Your Safety Counts”

## Human Resources

- icare
- Policies and Procedures
- New Employee Orientation
- “Know the Line” Harassment Training and Reporting

## Collaborative Groups

- Ad-Hoc multidisciplinary Quality Review and Debriefing
- APS Collaborative Practice Committee
- ED Interdisciplinary Taskforce
- ED Staff Safety Workgroup
- Disruptive Patient Committee
  - Safety Security Risk Icon
- PCS Staff Safety Workgroup
  - Interventions
  - “Your Safety Counts”
- Senior Workplace Violence Committee
- Strategic Management Assessment Response Team (SMART)

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### YOUR SAFETY COUNTS

**If You Feel Unsafe**  
this resource brought to you by MGH  
Police and Security, and Patient Care Services

**STOP LEAVE GET HELP**

**Be Aware**  
know **EVERYTHING** that is **happening in your environment (360 degrees)**  
always have an exit plan... never turn your back on the patient...

**Know Your Patient's Triggers**  
most people have experienced trauma that might influence their behavior and help inform our care for them... be respectful of what causes their triggers... their space/room... provide comfort (food, warmth, toileting, sleep, familiar caregiver, etc.)

**Buddy & Cluster**  
“bring a buddy” or cluster care to minimize going in the room... you or your “buddy” take over if the situation escalates

**Knock & Introduce**  
knock... knock... introduce yourself... what do they like to be called?

**4 – 6 Foot Rule**  
step back at least 4-feet... their action will be faster than your reaction... do not approach or touch without support or the permission of the patient...

**Own the Door**  
avoid trapping yourself or the patient, but still have a direct means of escape... always keep yourself between the patient and the door... never use your body as a barrier

**Communicate**  
be a good listener... ask questions vs. giving orders... offer options or choices (within reason)... work as a team... document and pass on concerns and actions taken from shift to shift

**Body Positioning**  
approach at an angle and keep your body turned at an angle when you can for better balance and strength... keep your hands above your waist, for better protection

**Accountability**  
hold patients (and visitors) accountable for inappropriate behavior...  
“I can’t stay in the room when you’re speaking like that... I will be back to check on you.”  
“It seems like you need some space... I will be back to check on you.”  
MGH CODE OF CONDUCT: expects respectful behavior  
Consider consulting responding clinician and/or Police and Security 6-2121

# Reactive Responses – Resources – Tools

\*\*\* many of the responses fit more than one category \*\*\*

## Emergent Response

- Dr. Johnson/Duress Alarms
- Officer Response
- Weapons Policy Enforcement
- Staff Safety Escorts
- Law Enforcement Assistance

## Advanced Notice

- Unit or Department Lockdown
- Confidential Patient
- Visible or Discrete Standbys
- Threat Assessment
- Customized Safety Planning

## Post Incident

- Target Hardening
- Risk Assessment
- Enhanced Security Systems
- Investigations
- Customized Training

## Collaborative Groups

- Disruptive Patient Committee
- Industry Organizations
- MGB SRT (Special Response Team)
- SMART Team (Strategic Management Assessment and Response Team)



Preferred Language: English  
Safety Risk  
Pt Verification: Verified  
Case Status - Flag: None  
Fin Assist: None  
CoV-Recovered: CoV-Recovered

### Patient FYIs

#### Safety Risk

Patient with recurrent violent behavior including racist language, spitting, attempts to bite, hit, and kick. Patient has history of mental illness and delirium and is generally non-compliant with care. Security to be notified on presentation and

# Program Evaluation

## Record Management

- CAD Activity
- Incident Reports
- Training Records
- MGH Safety Reporting System
- Occupational Health Reports
- Human Resources “Know the Line” Reporting Data

## Employee Wellness

- EAP
- Police and Security
- Retention and Turnover
- CQS Peer Support Program
- Workforce Wellbeing Collaborative

## Data Analysis

- Police and Security Monthly and Quarterly Data Review and Reports
- PCS Assault Data
- CQS NDNQI National Assault Data
- MGH Safety Reporting System
- Occupational Health Lost or Restricted Workdays due to Workplace Violence
- DEI
- Trauma Informed Care



# Training = Empowerment = Reduced Violence

## Major Training Programs

- AVADE Workplace Violence Prevention Training
- Armed Intruder Response
- Patient Care Staff Security Training
- Security Awareness and Vigilance for Everyone (SAVE)
- Aggressive Behavior Risk Assessment Tool (ABRAT)

## Partnership Training

- Simulation Training
- ED Unbiased De-escalation
- Physician AVADE
- RN/PCA Onboarding AVADE
- Blake 11 Skills Day AVADE
- PCS ABRAT Implementation
- Home Base Self-Defense
- MGB Security Council Shared Training
- MGB Response Team Training

## Online Training Programs

- AVADE WPVP
- AVADE De-Escalation
- AVADE Active Shooter
- P/S Armed Intruder Response
- Safety Before, During and After Home Visits
- Security Awareness and Vigilance for Everyone (SAVE)
- Strategies to Prevent Workplace Conflict and Violence
- Trauma Informed Care by PCS
- Workplace Conflict, Violence Prevention Training

## Other Training Offered

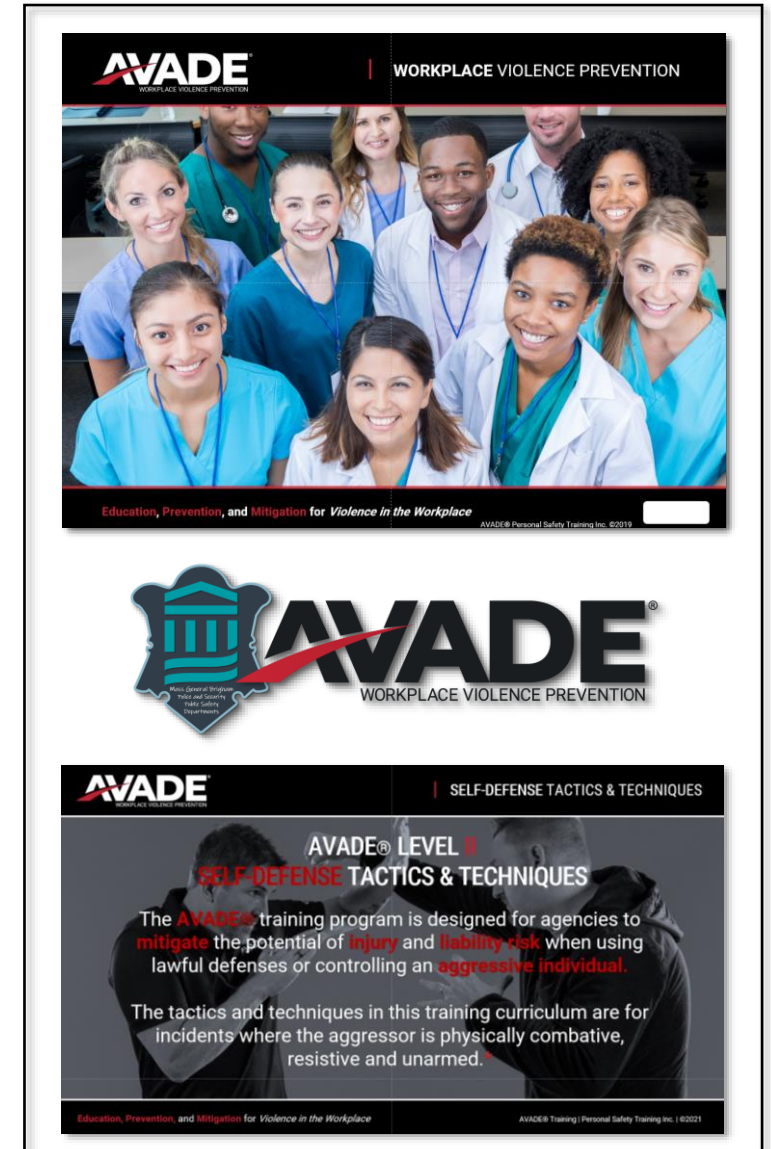
- Animal Rights Activism
- Child and Adult Internet Safety
- Child/Infant Abduction Prevention Training
- General Security Awareness
- Giving Bad News
- Identity Theft
- Personal Safety
- Suspicious Persons/Packages
- Workplace Safety



# AVADE

*AVADE® is an acronym for Awareness-Vigilance-Avoidance-Defense-Escape. It is the most comprehensive, current, and effective approach to preventing, avoiding, de-escalating and mitigating violence and aggression in the workplace.*

**A**WARENESS  
**V**IGILANCE  
**A**VOIDANCE  
**D**EFENSE  
**E**SCAPE





# Future Challenges/Ongoing Efforts

## Future Challenges

- Balancing patient care/safety along with keeping staff safe is paramount
- Violence rising in healthcare nationally
- Recruitment and retention is a huge challenge
- Supply chain issues can be dangerous
- Cybersecurity vulnerabilities are massive



## Ongoing Efforts

- Delivering effective healthcare violence/conflict training to our clinical staff while competing with staffing shortages is a difficult balance
- Include mandatory and customized training focus across MGB entities
- Ensure a strong focus on employee trauma, management, and wellness
- Manage Code of Conduct
- Implementation and standardization of minimum standards, policies, procedures, and training for all MGB Security departments
- Maintain DEI as well as trauma-informed care focus on all programs and resources
- Continue to engage physician groups
- Seek representation from ACT or Bridge Clinic on collaborative groups

Workplace violence continually evolves; you need strong leadership support, employee buy-in, easy to understand and comprehensive policies, and partnerships to support not only zero-tolerance of workplace conflict and violence but to support employees who have been victimized no matter the extent of the issue.



# THANK YOU!



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