Challenges and Best Practices in Protecting the Healthcare Environment in Today’s Complex World

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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

Nurse abuse is more common than ever, say officials
UCHealth taking measures

2 health care workers killed in Dallas maternity ward shooting identified

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.

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

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

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

Patient: 91%
Visitor: 4%
Clinician: 2%
Other: 3%

Victims of Reported Incidents

Nurse: 38%
Security Officer: 27%
Aide / Tech / Other Clinician: 19%
Patient: 4%
Other non-clinical employee: 4%
Physician: 3%
Visitor / Companion / Other: 6%
“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
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)

- 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)

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Reactive Responses – Resources – Tools

*** many of the responses fit more than one category ***
Program Evaluation

Record Management

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

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

Employee Wellness

• EAP
• Police and Security
• Retention and Turnover
• CQS Peer Support Program
• Workforce Wellbeing Collaborative
## 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
- 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® 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.
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!

Massachusetts General Hospital
Founding Member, Mass General Brigham