VPQHC

Vermont Program for Quality in Health Care, Inc.

VPQHC Report under *S.36: An act related to crimes against health care workers at hospitals and against emergency medical treatment providers*

Report to: Senate Committee on Health and Welfare & House Committee on Health Care

Funding Support: Vermont Department of Health – State Office of Rural Health

January 15, 2024

Vermont Program for Quality in Health Care, Inc.

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Vermont Program for Quality in Health Care, Inc.

Executive Summary

Recent media coverage has highlighted workplace violence in hospitals and other worksites across the country; reports have shown that 73% of all nonfatal workplace violence injuries and illness were due to violence on healthcare workers. (Department of Health & Human Services - Centers for Medicare & Medicaid Services) Under S.36 (Act 24), The Vermont Program for Quality in Health Care (VPQHC) was tasked with "provid[ing] a report to the Senate Committee on Health and Welfare and the House Committee on Health Care regarding adequate training, including de-escalation of potentially violent situations in hospitals, sufficient staffing levels, ongoing assessments of visitors and patients for aggressive behavior, indicators to adapt care interventions and environments appropriately, centralized reporting, and factors related to physical environments." It was further stated that "with a health equity informed lens, the report shall include best practices, barriers to best practices, and recommendations for appropriate policy improvements." (Vermont General Assembly) VPQHC received funding from the Vermont Department of Health – State Office of Rural Health to support these activities. Between August 2023 and December 2023, VPQHC:

- Conducted a brief literature review to identify best practices for prevention and de-escalation of workplace violence in the healthcare setting.
- Developed and implemented a workplace violence assessment to understand the current state of workplace violence programs at Vermont hospitals, in relation to best practice.
- Carried out data analysis for inclusion in this report.
- Identified recommendations for supporting workplace violence prevention programs at Vermont hospitals.

As a result of these efforts, the following is a list of recommendations to support de-escalation practices, and to address workplace violence prevention in Vermont hospitals. This list is not exhaustive, rather, it includes recommended priority areas for focus at the facility level, as well as areas that could benefit from additional support to ensure equitable access to high quality resources and interventions for the implementation of comprehensive workplace violence prevention programs.

1. **Training & Education**: Assessment results showed that the while many hospitals self-identified as offering de-escalation training, the specific training implemented, and satisfaction, was variable. Cost, access to qualified trainers, staff time, and lack of engagement were identified as barriers to consistent implementation; de-escalation was identified as one component of a more robust workplace violence prevention training suite. Top barriers cited for de-escalation training mirrored the

top barriers cited for the implementation of more comprehensive workplace violence prevention trainings. Explore opportunities to ensure equitable access to trainings such as Six Core Strategies©, Dynamic Appraisal of Situational Aggression (DASA), and Trauma Responsive Care. Explore creating statewide, standardized, baseline, workplace violence prevention training and provide access to training at no cost to healthcare facilities on an ongoing basis. Potential components of a comprehensive training could include the below elements, as recommended by The Joint Commission.

   a. What constitutes workplace violence
   b. Education on roles and responsibilities of leadership, clinical staff, security personnel, and law enforcement
   c. Training in de-escalation, nonphysical intervention skills, physical intervention techniques, and response to emergency incidents
   d. The reporting process for workplace violence incidents
   e. Trauma-responsive care
   f. Patient engagement.

Each facility would still carry of the cost of backfilling position when staff and providers are trained. Establish a continuing community of practice to offer providers a space for receiving consultative support as they move from training, to implementation.

2. **Data Collection:** Support standardized reporting process for workplace violence incidents, capturing key information, including demographic data. This information would ensure workplace violence incidents are reported with a common set of data, and allow each institution to evaluate the incident, and response, with an equity lens. Explore supports to facilities to overcome frequently cited barriers to additional data collection, including electronic health record (EHR) modification costs, staff time, lack of standard methodology to collect the data, and lack of standardized reporting criteria that include sexual orientation and gender identify (SOGI) and social determinant of health (SDOH) data.
3. **Service Supports & Enhancements:** Enhance services that improve the quality of care, and reduce lengths of stay in Emergency Departments; enhance care management and care coordination supports for individuals that frequently present to settings such as the Emergency Department, urgent care, and clinics. Further evaluate the current state of security teams across sites, and barriers to access; explore means for ensuring sustainable access to security teams regardless of hospital size.
4. **Infrastructure Support & Updates to Physical Site:** Consider physical plant changes to enhance safety. Explore funding supports to ensure sites can implement best practice recommendations for physical site changes that are conducive to a safe work environment. Consider creating and supporting a minimum standard

set of physical safety best practices for those institutions that are not able to absorb the cost.

- **Quality Improvement & Technical Assistance:** Ensure continuous quality improvement of workplace violence prevention programs. Promote sharing of policies, procedures, and tools that align with best practice. Provide technical assistance (remote and onsite) to facilities to ensure standards and best practices are met, and enhance supports to ensure internal program sustainability.

Vermont Program for Quality in Health Care, Inc.

I. Introduction

Under S.36 (Act 24), The Vermont Program for Quality in Health Care (VPQHC) was tasked with "provid[ing] a report to the Senate Committee on Health and Welfare and the House Committee on Health Care regarding adequate training, including de-escalation of potentially violent situations in hospitals, sufficient staffing levels, ongoing assessments of visitors and patients for aggressive behavior, indicators to adapt care interventions and environments appropriately, centralized reporting, and factors related to physical environments." It was further stated that "with a health equity informed lens, the report shall include best practices, barriers to best practices, and recommendations for appropriate policy improvements." (Vermont General Assembly) VPQHC received funding from the Vermont Department of Health – State Office of Rural Health to support these activities. Between August 2023 and December 2023, VPQHC:

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- Developed and implemented a workplace violence assessment to understand the current state of workplace violence programs at Vermont hospitals, in relation to best practice.
- Carried out data analysis for inclusion in this report.
- Identified recommendations for supporting workplace violence prevention programs at Vermont hospitals.

In the sections that follow, we present our approach and findings, as well as recommendations for supporting hospitals with developing and sustaining comprehensive workplace violence prevention programs. Workplace violence refers to acts of "violence (including physical assaults and threats of assaults) directed towards persons at work or on duty." (Centers for Disease Control and Prevention: The National Institute for Occupational Safety and Health) (The Joint Commission) It includes actions – verbal, written, or physical aggression – which are intended to control or cause, or capable of causing, death or serious bodily injury, or damage to property; this entails abusive behavior, intimidating or harassing behavior, or threats. (The Joint Commission) The most common cause of violence in health care is patient to visitor or worker. (The Joint Commission)

II. Literature Review Overview & Highlights

Between August 1st and August 15th VPQHC conducted a brief literature review to identify current guidance on assessing, implementing and monitoring workplace violence

prevention programs, with a focus de-escalation. Facility size and geography were captured in the review, to ensure appropriate representation of recommendations and findings that could be applied to small, rural hospitals. All elements requested by S.36 were also considered, and details captured, including: guidance on staffing levels, ongoing assessment, indicators to adapt care interventions, centralized reporting, factors related to the physical environment, health equity, and best practice identification. Refer to **Attachment A** for a copy of the full literature review. Highlights are as follows:

- **De-escalation**: De-escalation training is an important component of a larger workplace violence program. Many of the references provide guidance on including de-escalation training into an organization's training program. (The Joint Commission)
- **Equity & inclusion**: References stressed the need to include training on cultural, gender identity, and sexual orientation, differences in the population. Organizations should evaluate the organization's data on workplace violence with an equity lens.(European Agency for Safety and Health at Work)
- **Small/rural demographics**: Many of the references provide guidance that would not be influenced by the size of the organization. Two of the references were specifically developed for smaller and rural organizations, and spoke to the unique challenges (such as funding) and benefits (tight knit community) that small, rural hospitals, encounter when implementing comprehensive workplace violence prevention programs. (Lukas) (Hospital Association of Oregon)
- **Staffing:** There were limited resources related to the full-time equivalent staffing levels needed to establish and maintain a comprehensive workplace violence program. However, many resources addressed the ideal makeup of an interprofessional team who would be tasked with assessing, developing, implementing, and maintaining a workplace violence prevention program. (Van Den Boss, Creten and Davenport)
- **Cost:** It is estimated that violence response efforts cost hospitals and health systems in the United States approximately $2.7 billion in 2016. This includes $280 million related to preparedness and prevention to address community violence, $852 million in unreimbursed medical care for victims of violence, $1.1 billion in security and training costs to prevent violence within hospitals, and an additional $429 million in medical care, staffing, indemnity, and other costs as a result of violence against hospital employees. The per hospital annual cost was estimated to be $481,596. (Van Den Boss, Creten and Davenport)
- **Elements of a comprehensive workplace violence prevention program:** Several resources described the multiple components of a comprehensive workplace violence prevention program, with de-escalation training being one

component (examples: Figure 1 and Table 1). Continuous quality improvement should be embedded into every program.

Table 1
Example - Components of a Comprehensive Workplace Violence Prevention Program
(Occupational Safety & Health Administration)

Component	Description
Management commitment and employee participation	Managers demonstrate their commitment to workplace violence prevention, communicate this commitment, and document performance. Leaders make workplace violence prevention a priority, establish goals and objectives, provide adequate resources and support, appoint leaders with the authority and knowledge to facilitate change, and set a good example. Employees, with their distinct knowledge of the workplace, ideally are involved in all aspects of the program. They are encouraged to communicate openly with management and report their concerns without fear of reprisal.
Worksite analysis and hazard identification	Processes and procedures are in place to continually identify workplace hazards and evaluate risks. There is an initial assessment of hazards and controls, regular reassessments, and formal re-evaluations after incidents, through accident review boards or after-action reviews.
Hazard prevention and control	Processes, procedures, and programs are implemented to eliminate or control workplace hazards and achieve workplace violence prevention goals and objectives. Progress in implementing controls is tracked.
Safety and health training	All employees have education or training on hazard recognition and control, and on their responsibilities under the program, including what to do in an emergency.
Recordkeeping and program evaluation.	Accurate records of injuries, illnesses, incidents, assaults, hazards, corrective actions, patient histories, and training can help employers determine the severity of the problem, identify trends or patterns, evaluate methods of hazard control, identify training needs, and develop solutions for an effective program. Programs are evaluated regularly to identify deficiencies and opportunities for improvement.

Figure 1: American Hospital Association: Example – Components of a Comprehensive Workplace Violence Prevention Program (American Hospital Association & International Association for Healthcare Security and Safety)

III. Assessment of Workplace Violence Prevention Programs in Vermont Hospitals

VPQHC created and distributed a workplace violence prevention program assessment in September 2023, to better understand the current state of these programs, and de-escalation practices, in Vermont hospitals. The assessment was based off an assessment created by the American Society of Healthcare Risk Management and hosted in SurveyMonkey. Additional questions were added to the assessment related to de-escalation training; an additional optional standard response was also added. The survey was active between September 13, 2023 and October 20, 2023. Seven hospitals completed the survey (four Critical Access Hospitals (CAHs), three larger hospitals). The survey assessed four main components of a workplace violence prevention program. Refer to **Attachment B** for a copy of the assessment. After the assessment was closed, and the survey data was

analyzed, VPQHC hosted five focus groups as a validation exercise, and to collect additional feedback on the results. The focus groups were held in 2023 on November 20th, two on November 21st, November 27th, and December 13th. Participation was voluntary, and included hospital Quality Directors, Chief Nursing Officers, Emergency Department Directors, Emergency Department Nurse Managers, and other hospital staff.

The following were identified as the **top three strengths** of the workplace violence prevention programs across sites:

1. Commitment to providing a safe environment for staff and patients.
2. Willingness to learn risk reduction skills.
3. Post incident staff and victim support.

The following were identified as the **top three opportunities for improvement** for workplace violence prevention programs across sites:

1. Standard documentation elements of workplace violence events and recording in the electronic health record.
2. Training of *all* staff and providers on identifying individuals who are at risk of violent behavior, de-escalation, and patient engagement.
3. Physical safety changes and security personnel at Critical Access Hospitals.

> "It would be helpful if there was a statewide de-escalation program that was funded by the state, to ensure that each organization was receiving adequate training at a baseline level. Having hospitals decide where funds should be allocated regarding de-escalation programs limits their access to quality programs rather than consistent, quality training. "
> *– Focus group participant*

Refer to **Attachment C** for a full list of strengths, and opportunities for improvement, identified through the assessment.

Data showed that sites face several barriers to consistent de-escalation training implementation. These barriers included cost, access to qualified trainers, staff engagement, and staff availability; these mirrored the top barriers cited for the implementation of more comprehensive workplace violence prevention trainings. The hospitals identified that nurses, security staff, and administrative professionals were the ones most frequently trained, followed by doctors and care providers, social workers, technicians and technologists, and pharmacists. Sites expressed wanting to have more staff trained.

It was found that all participating hospitals follow appropriate workplace violence reporting procedures based on the National Quality Forum (NQF) reportable event standard. However, variation comes from documenting and internal reporting of workplace violence incidents that fall

short of the NQF reporting threshold, but had a physical and or mental health effect on the employee. Variation was based on organizational culture, leadership, and the availability of staff to document and follow up on events. Some facilities have security personnel while others do not, and there is variation in how workplace violence incidents are handled; not all hospitals include instructions on how or when to engage local law enforcement.

IV. Recommendations

The following recommendations are made to support de-escalation practices, and to address workplace violence prevention in Vermont hospitals. This list is not exhaustive, rather, it includes recommended priority areas for focus at the institution level, as well as potential areas that could benefit from additional support to ensure access to equitable, high quality resources.

1. **Training & Education**: Assessment results showed that the while many hospitals self-identified as offering de-escalation training, the specific training implemented, and satisfaction, was variable. Cost, access to qualified trainers, staff time, and lack of engagement were identified as barriers to consistent implementation; de-escalation was identified as one component of a more robust workplace violence prevention training suite. Top barriers cited for de-escalation training mirrored the top barriers cited for the implementation of more comprehensive workplace violence prevention trainings. Explore opportunities to ensure equitable access to trainings such as Six Core Strategies©, Dynamic Appraisal of Situational Aggression (DASA), and Trauma Responsive Care. Explore creating statewide, standardized, baseline, workplace violence prevention training and provide access to training at no cost to healthcare facilities on an ongoing basis, to ensure baseline training for all. Potential components of a comprehensive training could include the below. (The Joint Commission)
    a. What constitutes workplace violence
    b. Education on roles and responsibilities of leadership, clinical staff, security personnel, and law enforcement
    c. Training in de-escalation, nonphysical intervention skills, physical intervention techniques, and response to emergency incidents
    d. The reporting process for workplace violence incidents
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    f. Patient engagement.

    Each facility would still carry of the cost of backfilling position when staff and providers are trained. Establish continuing community of practice to offer

providers a space for receiving consultative support as they move from training, to implementation.

2. **Data Collection:** Support standardized reporting process for workplace violence incidents, capturing key information, including demographic data. This information would ensure workplace violence incidents are reported with a common set of data, and allow each institution to evaluate the incident, and response, with an equity lens. Explore supports to facilities to overcome frequently sited barriers to additional data collection, including electronic health record (EHR) modification costs, time and staff availability, lack of standard methodology to collect the data, and lack of standardized reporting criteria that include sexual orientation and gender identify (SOGI) and social determinant of health (SDOH) data.
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4. **Infrastructure Support & Updates to Physical Site:** Consider physical plant changes to enhance safety. Explore funding supports to ensure sites can implement best practice recommendations for physical site changes to ensure a safe work environment. Consider a creating and supporting a minimum standard set of physical safety best practices for those institutions who are not able to absorb the cost.

> "We all, at the same level of care, deserve and have a right to standardized resources for safety implementations."
> – *Focus group participant*

- **Quality Improvement & Technical Assistance:** Ensure continuous quality improvement of workplace violence prevention programs. Promote sharing of policies, procedures, and tools that align with best practice. Provide technical assistance (remote and onsite) to facilities to ensure standards and best practices are met, and enhance supports to ensure internal program sustainability.

V. Conclusion

Healthcare workers are five times more likely to experience workplace violence injury than other workers. (Jones, Sousane, BS and Mossburg, RN, PhD) There are several components to comprehensive workplace violence prevention programs, including de-

escalation training. The majority of Vermont hospitals have implemented components of workplace violence prevention programs, but there are opportunities that can be addressed at the institution level, as well as statewide supports to consider, in order to enhance equitable access to quality workplace violence prevention programs at hospitals across Vermont. As one of the focus group participants stated: “We all, at the same level of care, deserve and have a right to standardized resources for safety implementations.”

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ATTACHMENT A - Workplace Violence Literature Review

Year	Author	Title	Type of Resource	Abstract	Location (Canada, US, UK, etc.)	Summary	Link	Notes specific to hospital size (CAH/midsize/academic); rurality?	Notes	*Guidance on Sufficient Staffing Levels?*	*Ongoing Assessment Visitors & Patients for Aggressive Behavior?*	*Indicators to Adapt Care Interventions?*	*Centralized Reporting Guidance?*	*Factors Related to Physical Environment?*	*Health Equity Addressed?*	*Identified Best Practices?*
2023	American Society For Health Care Risk Management	ASHRM Workplace Violence Toolkit	Definitions and toolkit for assessment.	Definitions and assessment tool as a starting point to assess current state before implementing a program.	United States	A good assessment tool that could be modified to provide more detailed responses. Currently there is only one Yes or No response option for what appear to be multiple questions under one category.	ASHRM-Workplace-Violence-Toolkit-April-2023.pdf	Should accommodate all care facilities regardless of location	On page 4 the assessment tool has a break down of Work Complete, Work in Progress and Needs to be addressed. This is a good breakdown and a good way to show the current status and should be used in each of the questions in place of the binary Yes and No.	No. Like others it mentions an interprofessional approach to implementing and supporting this work.	Assessment tool asks if this is done.	Yes	Yes	Yes	No	Yes
2022	American Organization for Nursing Leadership and the Emergency Nurses Association	Toolkit for Mitigation Violence in the Workplace	Toolkit. Step by Step process	Components of a program with real life examples and recommendations on how/what to implement. Provides a resource list for additional information and training.	United States	Concise toolkit, resource lists, teaching examples. Resources includes Toolkits from other States. A good simple and concise step by step process.	https://www.aonl.org/system/files/media/file/2022/10/AONL-ENA_workplace_toolkit.pdf	The processes described should not be influenced by size. The scope and or extent of the assessment would be less for smaller institutions.		No. Like others it mentions an interprofessional approach to implementing and supporting this work.	Yes	Yes	Yes	Yes	No	No
2015	OSHA Occupational Safety and Health Administration	Preventing Workplace Violence: A Road Map for health Care Facilities	Step by step guidance.	Slightly dated reference prior to pandemics influence. Good Overall recommendations, step by step process and examples.	United States	A detailed step by step process from the start of a program to implementation and ongoing review and assessment. Good real life examples of work in action.	Preventing Workplace Violence: A Roadmap for Healthcare Facilities (osha.gov)	Not specifically but you can easily see how the work can be scaled.	According to article Vermont has an OSHA approved State Plan that covers private sector and public employees.	No. Like others it mentions an interprofessional approach to implementing and supporting this work.	Yes	Yes	Yes	Yes	No	Yes
2021	American Hospital Association and International Association for Healthcare Security and Safety	Creating Safer Workplaces (A guide to mitigating violence in health care settings)	AHA Publication in association with International Association for Healthcare Security and Safety	Summarizes the components of an effective Workplace Violence program, action steps and then links to references. Comes from more of a security intervention framework than an intervention.	United States	A good graphic showing the process/cycle of what is needed to create and sustain a safe work environment.	Creating Safer Workplaces A Guide to Mitigating Violence in Health Care Settings | AHA	Not specifically.		No. Like others it mentions an interprofessional approach to implementing and supporting this work.	Yes	Yes	Yes	Yes	No	Yes
2019	The Joint Commission	De-escalation in health care	Joint Commission publication focusing on the use of De-escalation in healthcare to reduce workplace violence.	Training on De-escalation techniques to help reduce the need to escalate to security or police intervention. Steps and Ideas/tools on how to screen for and identify patients at risk.	United States	Uses the lens of Prevention and attenuation of incidences by the integrated use of tools and techniques	Quick Safety Issue 47: De-escalation in health care | The Joint Commission	Not specifically		No. Like others it mentions an interprofessional approach to implementing and supporting this work.	Yes	Yes	Yes	Yes	No	Yes
2022	Crisis Prevention Institute; Kimberly A. Urbanek and Kyle J. Graham	Workplace Violence Prevention Handbook for Health Care	Detailed Workbook/Toolkit	A complete resource to understand the importance of WPV trainings and programs. Contains specifics on roles of leaders, development of teams, training, assessments, debriefing after, data and staff support.	United States	One of the most complete references on the topic. (225 pages)	The-Workplace-Violence-Prevention-Handbook-for-Health-Care-Professionals.pdf (crisisprevention.com)	Not specifically		No. Like others it mentions an interprofessional approach to implementing and supporting this work.	Yes	Yes	Yes	Yes	Not in a direct manner. Chapter 8 does discuss communication techniques and addresses differences in the people we work with and serve.	Yes
2022	AFT Nurses and Health Professionals	Work Shouldn't Hurt-CMS and Joint Commission Requirements to Prevent Workplace Violence in Hospitals	AFT publication on Safety in the Workplace journal. This is one of the publications.	Review of relevant CMS and JC standards.	United States	Brief review of relevant standards and guidelines.	WPV_CMS-joint-commission_dec2022.pdf (aft.org)	No		No. Like others it mentions an interprofessional approach to implementing and supporting this work.	Addressed in standards	Addressed in standards	Part of standards	Part of standards	No	No
2022	OSHA Occupational Safety and Health Administration	Guidelines for Preventing Workplace violence for Healthcare and Social Service Workers	OSHA Report and guidance to meet OSHA requirements.	Step by step guidance and list of resources and references.	United States	Outline of effective violent prevention programs.	Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers (osha.gov)	No		No. Like others it mentions an interprofessional approach to implementing and supporting this work.	Yes	Yes	Yes	Yes	No	Yes
2021	European Agency for Safety and Health at Work	Occupational Safety and health of LGBTI workers	Article/Report	Considerations on the LGBTI community in the workforce and how they experience more violence, and discrimination in the workplace.	EU	Not specific to workplace violence but shows the need for inclusion and consideration of this population as a patient and as a worker.	https://oshwiki.osha.europa.eu/en/themes/occupational-safety-and-health-lgbti-workers#	No		No	No	No	No	No	Yes	No

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ATTACHMENT A - Workplace Violence Literature Review

Year	Author	Title	Type of Resource	Abstract	Location (Canada, US, UK, etc.)	Summary	Link	Notes specific to hospital size (CAH/midsize/academic); rurality?	Notes	*Guidance on Sufficient Staffing Levels?*	*Ongoing Assessment Visitors & Patients for Aggressive Behavior?*	*Indicators to Adapt Care Interventions?*	*Centralized Reporting Guidance?*	*Factors Related to Physical Environment?*	*Health Equity Addressed?*	*Identified Best Practices?*
2022	Harvard Business Review/Bernie Wong	Supporting LGBTQ+ Workers Mental Health	Article/Report	Considerations on the LGBTQ+ community in the workforce and how they experience more violence, and discrimination in the workplace.	United States	Not specific to workplace violence but shows the need for inclusion and consideration of this population as a patient and as a worker.	https://hbr.org/2022/07/supporting-lgbtq-workers-mental-health	No		No	No	No	No	No	Yes	Yes but not specific to workplace violence.
2019	Rural Health Information Hub	Violence Against Hospital Workers: Growing Awareness, Rural Interventions, and Why It Still Goes Unreported	On-line publication	Article discussed WPV in rural settings with links to drug use and how it has changed over time.	United States	A good summary of the need for and the outline on how to and what should be in a program. Good links to additional references and supports	https://www.ruralhealthinfo.org/rural-monitor/violence-against-hospital-workers	Yes, specifically for small hospitals		No. Like others it mentions an interprofessional approach to implementing and supporting this work.	Yes	Yes	Yes	Yes	No	Yes
2017	Oregon Association of Hospitals Research and Education Foundation	Stop Violence in Health Care	Report and Toolkit on line publication	A good reference for small hospitals. (50 beds or less)	United States/Oregon	Toolkit specific to State of Oregon rules but the processes and concepts are transferable.	https://www.oahhs.org/safety	Yes, specifically for small hospitals	Long with 172 pages many linked to Oregon rules but does show how rural small hospitals can implement and sustain a full program.	No. Like others it mentions an interprofessional approach to implementing and supporting this work.	Yes	Yes	Yes	Yes	No	Yes but not specific to workplace violence.
2017	Milliman Research Report, Jill Van Den Bos, Nick Creten, Stoddard Davenport, Mason Roberts,	Cost of community violence to hospitals and health systems	Detailed report on cost	A good summary of the cost to the healthcare system of violence in healthcare from the cost to maintain a WPV program, and the cost associated to workplace violence in loss of revenue and employee cost	United States	A good break down of the cost of each component of the program. For example the cost per FTE for training.	https://www.aha.org/system/files/2018-01/community-violence-report.pdf	No		Yes, in the form of cost not specifically FTE's	No	No	No	No	No	Yes
2023	Traliant. Workplace Violence a	A catalog of possible training opportunities.	Training online	Uses EVADE technique in its training as part of active shooter response training. They also offer equity and inclusion training. (https://www.traliant.com/courses/diversity-equity-inclusion-at-work/)	United States	Can get a free look	https://www.traliant.com/courses/?h1=Healthcare+Workplace+Violence+Training&utm_source=google&utm_medium=cpc&utm_term=workplace+violence+training+BROAD&utm_ad_id=604218772555&utm_campaign_id=12723089278&campaign-id=7011R000000nniu&gclid=EAIaIQobChMIpfjX0ZvVgAMVB5jICh1xGAjsEAAYASAAEgIKZfD_BwE	No		No	No	No	No	No	No	Yes
2023	Vantage Point Consulting De-Escalation training for Healthcare workers	Website with multiple sources of information and consulting support.	Training and resources.	Multiple source reference.	United States	2 to 4 hour training on implicit bias. Might support equity and inclusion.	https://vantagepointc.com/charting-a-path-toward-the-best-de-escalation-training-for-healthcare-workers/	No		No	No	No	No	No	No	Yes

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ATTACHMENT A - Workplace Violence Literature Review

Year	Author	Title	Type of Resource	Abstract	Location (Canada, US, UK, etc.)	Summary	Link	Notes specific to hospital size (CAH/midsize/academic); rurality?	Notes	*Guidance on Sufficient Staffing Levels?*	*Ongoing Assessment Visitors & Patients for Aggressive Behavior?*	*Indicators to Adapt Care Interventions?*	*Centralized Reporting Guidance?*	*Factors Related to Physical Environment?*	*Health Equity Addressed?*	*Identified Best Practices?*
2023	Crisis Consultant Group Calm Every Storm	De-escalation Training for Healthcare Workers	Training online or in person.	**Includes:** • Crisis Prevention and Intervention Training Certification • Downloadable Certificate Upon Course Completion • Free eBook preview "Calm Every Storm, Preventing Aggressive Behavior with Your Words" **Aligns With**: • Joint Commission • OSHA General Duty / Workplace Violence Prevention Clause • Commission on Accreditation of Rehabilitation Facilities (CARF) • Centers for Medicare/Medicaid (CMS) • US Dept. of Education • Child Welfare League of America (CWLA)	United States	3.5 Hours Downloadable training so it can be self paced and customized. On-line and On-Location training. Understanding Precursors To Crisis Motivating Persons In Crisis Handling Passive Non-Compliance Building Rapport Remaining Unbiased During Interventions Maintaining Your Calm During Chaos The 5 Steps to De-escalation™ And more–	https://crisisconsultantgroup.com/courses/de-escalation-training-nurses/	No		No	Not sure.	Not sure	Not sure	Yes	Yes	Yes
2023	MOAB Training International, Inc.	MOAB Training International, Inc.	Training	Management of aggressive behavior. The website notes that this training is for Public Safety officers, law enforcement, security and military personnel. It does not list healthcare workers.	United States	Training is for security, public safety officers and military. They have a one day and 3 day basic training. They also have e-learning options.	https://www.moabtraining.com/	No		No	No	No	No	Yes	No	Yes

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ATTACHMENT B

Workplace Violence Program Survey

Introduction

The Vermont Legislature has tasked the Vermont Program for Quality in Health Care, Inc. (VPQHC) to provide a report to the Senate Committee on Health and Welfare and the House Committee on Health Care on the current status of workplace violence practices and policies in the hospital service areas in Vermont. To accomplish this, we are requesting that you complete this survey.

This survey is based on a validated survey designed by AHA's American Association for Health Care Risk Management that breaks down workplace violence into its different components. All responses will be de-identified and summarized.

Please complete one survey per institution. The appropriate person/group to fill out this survey would be a leader or committee actively involved in developing and monitoring the organization's workplace violence program.

At the end of the survey, you will be given the opportunity to provide additional comments/feedback for any items not covered, and/or to provide supplemental information.

Please respond to this survey by October 9, 2023.

Should there be concerns with the survey, or the survey process, please contact Randy Messier (RandallM@vpqhc.org or 802-229-2759)

1. Please Identify your Institution. (All data will be de-identified before being shared.)

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Workplace Violence Program Survey

Foundational behaviors of workplace violence program:
(For questions 1 through 3 please consider patient and staff satisfaction data when responding.)

2. Does the organization practice respectful communication, including active listening?

- ◯ Yes, work completed.
- ◯ Work in progress.
- ◯ No, needs to be addressed

3. Is mutual respect demonstrated by all (i.e., members of the inter-professional team, patients, visitors and administrators)?

- ◯ Yes, work completed.
- ◯ Work in progress
- ◯ No, needs to be addressed.

4. Is the organization seen as honest, trustworthy, and compassionate by the staff and the community it serves?

- ◯ Yes, work completed.
- ◯ Work in progress
- ◯ No, needs to be addressed.

5. Does the organization routinely survey the workforce to obtain feedback on perceptions of safety, violence, and ideas for improvement?

- ◯ Yes, work completed.
- ◯ Work in progress.
- ◯ No, needs to be addressed.

6. Does the organization routinely communicate to the workforce the actions taken to improve the working environment?

- ◯ Yes, work completed.
- ◯ Work in progress.
- ◯ No, needs to be addressed.

Essential framework elements for promoting a safe working environment:

7. Has workplace violence been identified as a top priority risk through the enterprise risk management survey process?

- ◯ Yes, work completed.
- ◯ Work in progress.
- ◯ No, needs to be addressed.

8. Is workplace violence prevention identified as an organizational strategic priority?

- ◯ Yes, work completed.
- ◯ Work in progress.
- ◯ No, needs to be addressed.

9. Is the organization prepared to address all forms of workplace violence (criminal intent, customer client, worker on worker, personal relationship) throughout the entire organization?

- ◯ Yes, work completed.
- ◯ Work in progress.
- ◯ No, needs to be addressed.

10. Is the organization committed to providing a safe working environment for the workforce?

- ◯ Yes, work completed.
- ◯ Work in progress.
- ◯ No, needs to be addressed.

11. Is the organization’s framework supported and observed by the organization’s board and executive suite to ensure organizational and cultural support and provide access to the necessary resources to enable a shift in culture, if necessary?

- ◯ Yes, work completed.
- ◯ Work in progress.
- ◯ No, needs to be addressed.

12. Has the organization adopted clearly defined policies, procedures and consequences equally understood and observed by every person in the organization, including but not limited to the following?

	Yes, work completed.	Work, in progress.	No, needs to be addressed.
Board Members	◯	◯	◯
Organizational leadership	◯	◯	◯
Interprofessional teams	◯	◯	◯
Organizational staff	◯	◯	◯
Patients	◯	◯	◯
Visitors	◯	◯	◯
Law enforcement/security	◯	◯	◯
Contracted staff	◯	◯	◯
Volunteers	◯	◯	◯
Others	◯	◯	◯

13. Has the organization designated an executive leader and an interprofessional team/committee to be responsible for policy enactment and resolution of conflicts and infractions?

- ◯ Yes, work completed.
- ◯ Work in progress.
- ◯ No, needs to be addressed.

14. Has the leadership of the organization designated an individual(s) and/or an inter-professional team responsible for policy enactment and resolution of conflicts and infractions?

- ◯ Yes, work completed.
- ◯ Work in progress.
- ◯ No, needs to be addressed.

15. Does the organization prohibit violence, regardless of role or position of authority (i.e., the standard of behavior is the same for physicians, nurses, staff, and administration)?

- ◯ Yes, work completed.
- ◯ Work in progress.
- ◯ No, needs to be addressed.

Essential elements to ensure ownership and accoutability:

16. Does the organization expect personal accountability, meaning everyone in the organization is responsible for reporting incidents of violence?

- ◯ Yes, work completed.
- ◯ Work in progress.
- ◯ No, needs to be addressed.

17. Does the organization have individuals or a business unit designated as responsible for reviewing and responding to incidents of violence?

- ◯ Yes, work completed.
- ◯ Work in progress.
- ◯ No, needs to be addressed.

18. Was the organization’s workplace violence policy developed with input from all levels of the workforce, thus ensuring the workforce has knowledge and co-ownership of the process and expectations?

- ◯ Yes, work completed.
- ◯ Work in progress.
- ◯ No, needs to be addressed.

19. Does the organization clearly define universal standards of nonviolent behavior with every person in the organization, including patients and visitors?

- ◯ Yes, work completed.
- ◯ Work in progress.
- ◯ No, needs to be addressed.

20. Is there an organizational structure to report incidents of violence immediately using equitable, nonpunitive and accessible procedures, ensuring options of anonymity, immediate enforcement of the workplace violence policy, and appropriate incident response (e.g., risk management information system, internal hotline)?

- ◯ Yes, work completed.
- ◯ Work in progress.
- ◯ No, needs to be addressed.

Essential elements of training and education on violence in the health care workplace:

21. What type(s) of de-escalation training do you offer staff at your facility. (Check all that apply.)

- [ ] CPI
- [ ] MOAB
- [ ] ProAct
- [ ] Other (please specify)

22. Whom at your facility receives de-escalation training? (Check all that apply.)

- [ ] Doctors
- [ ] Nurses
- [ ] Social Workers
- [ ] Technicians/Technologist (Lab, Radiology etc.)
- [ ] Pharmacist
- [ ] Security
- [ ] Administrative
- [ ] Other (please specify)

23. If de-escalation training is done, what is the frequency?

- ◯ Semi- annually
- ◯ Annually
- ◯ Every other year
- ◯ Other (please specify)

24. Does the organization address workplace violence as a part of new employee/ provider onboarding and at routine intervals?

- ◯ Yes, work completed.
- ◯ Work in progress.
- ◯ No, needs to be addressed.

25. Is there organizational and personal readiness to learn violence risk reduction, skills and institute preventive practices, such as de- escalation techniques?

- ◯ Yes, work completed.
- ◯ Work in progress.
- ◯ No, needs to be addressed.

26. Does the organization have a policy that requires individuals who work in identified high-risk areas to undergo hands-on simulation training in de-escalation techniques and violence risk reduction skills training?

- ◯ Yes, work completed.
- ◯ Work in progress.
- ◯ No, needs to be addressed.

27. What is the biggest challenge you face with providing de-escalation training? (Check all that apply.)

- ☐ Cost
- ☐ Attendance
- ☐ Lack of qualified trainers
- ☐ Other (please specify)

28. How satisfied are you with the overall de-escalation training approach?

- ◯ Not at all satisfied
- ◯ Not satisfied
- ◯ Neutral
- ◯ Satisfied
- ◯ Extremely satisfied

29. Are evidence-based tools and interventions readily accessible and organizationally supported and does the workforce know how to access the available tools?

- ◯ Yes, work is completed.
- ◯ Work in progress.
- ◯ No, needs to be addressed.

30. Does the organization have skilled and experienced facilitators who understand the roles of health care professionals and other workforce members and the specific issues that can contribute to the occurrence of violence in the health care workplace?

- ◯ Yes, work completed.
- ◯ Work in progress.
- ◯ No, needs to be addressed.

31. Has the organization offered training on early recognition and de-escalation of workplace violence, including ongoing risk assessments, threat management, implementation of evidence-based strategies, evaluation of incidents of violence, and response effectiveness?

- ◯ Yes, work completed.
- ◯ Work in progress.
- ◯ No, needs to be addressed.

32. Has the organization used health care–specific case studies with simulations to demonstrate recognition of risk, appropriate actions, and effective response in situations of violence?

- ◯ Yes, work completed.
- ◯ Work in progress.
- ◯ No, needs to be addressed.

33. Does the organization provide support to individuals who have been the target of WPV (Peer Support, Employee Assistance Programs etc.)?

- ◯ Yes, work completed.
- ◯ Work in progress.
- ◯ No, needs to be addressed.

Outcome metrics of the program's success:

34. Does the organization collect and consider sexual orientation, gender identity (SOGI) as well as race and ethnicity information as part of their post event investigation?

- ◯ Yes, work completed.
- ◯ Work in progress.
- ◯ No, needs to be addressed.

35. Do the organizational outcome metrics include the following?

	Yes, work completed.	Work in progress.	No, needs to be addressed.
Improvement in morale of workforce (verbal feedback, surveyed responses)	○	○	○
Decreased incidence of workplace violence and associated harm (e.g., number and type of injuries, days away from work, resignations due to violent episodes)	○	○	○
Improvements in risk assessment analyses to demonstrate timely investigation of violence incidents, successful implementation of mitigation policies and procedures, ongoing training and education, and support in accessing necessary resources.	○	○	○
Improvements in collection and reporting of data on incidents of violence, including injury data, occurrence location, time of event, workforce member(s) involved, response and outcome.	○	○	○
Routine reporting to varied committees at specified intervals (transparency of data.)	○	○	○
Evaluation of data to track program outcomes, measure effectiveness and modify programs on a regular basis.	○	○	○
Improvements in staff and leadership confidence in the use of de-escalation and conflict resolution techniques	○	○	○

Proactive Prevention: Patient to Staff Violence

36. Pre-employment background screening

- ◯ Yes, work completed.
- ◯ Work in progress.
- ◯ No, needs to be addressed.

37. Patient Rights and Responsibilities clearly outline expectations re: violence, weapons, illicit substances and exclusion of visitors who are aggressive/violent. All inpatients provided copy of patient rights and responsibilities.

- ◯ Yes, work completed.
- ◯ Work in progress.
- ◯ No, needs to be addressed.

38. Training: Physician, Advanced Practice Provider, and Staff:

	Yes, work completed.	Work in progress.	No, needs to be addressed.
Recognize precursor signals of violence.	◯	◯	◯
Medical record documentation expectations.	◯	◯	◯
De-escalation and Self-Defense training.	◯	◯	◯
Safe restraint use / ordering providers.	◯	◯	◯

39. Security Environmental Risk Assessment of High-Risk areas:

	Yes, work completed.	Work in progress.	No, needs to be addressed.
Secluded location (satellite clinics, isolated patient exam rooms, no direct line of sight or panic switches).	◯	◯	◯
Offsite location: Home Health services.	◯	◯	◯
Screen home for safety prior to visit (i.e., Western Health Risk Assessment Screening Tool).	◯	◯	◯

40. Patient Specific Proactive Prevention:

	Yes, work completed.	Work in progress.	No, needs to be addressed.
Intake assessment includes screening for risk of violence / aggression; documentation in medical record.	◯	◯	◯
Patient past history of violence or aggression is clearly communicated to all team members (electronic alert, care plan).	◯	◯	◯
Unique safety plan developed based upon known risks.	◯	◯	◯

Reactive Response to Event: Patient to Staff Violence

41. Security response:

	Yes, work completed.	Work in progress.	No, needs to be addressed.
De-escalation attempted.	◯	◯	◯
Behavioral Control.	◯	◯	◯
Termination of care relationship.	◯	◯	◯
Law Enforcement Notification, sharing minimum necessary PHI, If taken into police custody, ensure ongoing medical needs are communicated to law enforcement medical clinic / MD, Process for discharge / transfer to law enforcement, restraining orders.	◯	◯	◯

42. Public Relations / Media Notified of potential media exposure re: arrest.

- ◯ Yes, work completed.
- ◯ Working on it.
- ◯ No, needs to be addressed.

43. Ensure victim support.

- ◯ Yes, work completed.
- ◯ Work in progress.
- ◯ No, needs to be addressed.

44. Ensure safe transfer of patient care.

- ◯ Yes, work completed.
- ◯ Work in progress.
- ◯ No, needs to be addressed.

45. Health system facility committee (multidisciplinary) focused on decreasing workplace violence enhanced interventions and educating the organization as to what is being done.

- ◯ Yes, work completed.
- ◯ Work in progress.
- ◯ No, needs to be addressed.

Reactive Response to Event: Visitor/Family to Staff Violence

46. Are the following areas covered in your workforce violence policy?

	Yes, work completed.	Work in progress.	No, needs to be addressed.
Call to law enforcement.	◯	◯	◯
Exclusion from building.	◯	◯	◯
Document actions and exclusion in medical record.	◯	◯	◯
Post alert to future caregivers and future security officers.	◯	◯	◯
Inform patient of reason for visitor / family exclusion.	◯	◯	◯
If excluded person is surrogate decision-maker, document continued updates / contact / consent achieved via phone.	◯	◯	◯
Ensure Victim support.	◯	◯	◯

47. Please provide any additional information or feedback you feel appropriate.

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ATTACHMENT C
VPQHC Report under S.36: An act related to crimes against health care workers at hospitals and against emergency medical treatment providers

Vermont Hospital Workplace Violence Assessment Results Strengths and Opportunities for Additional Support & Resources			
Assessment Component	Component Description	Strengths	Opportunities for Additional Support & Resources
1. Foundational elements of a workplace violence prevention framework	Overall organizational culture, leadership engagement, and community perception of the organization	- Practicing respectful communication and active listening - Preparing to address all forms of workplace violence throughout the organization - Committed to ensure a safe working environment for the workforce - Prohibition of violence regardless of role or position of authority - Workplace violence identified as a top priority risk through the entire risk management survey process	- Identification of workplace violence as a strategic priority - Designation of organizational leader and an interprofessional team/committee responsible for enactment and resolution of conflicts and infractions - Implementation of routine surveys of the workforce to obtain feedback on perceptions of safety, violence, and ideas for improvement - Adoption of clearly defined policies, procedures and consequences equally understood and observed by every person in the organization, including but not limited to board members
2. Essential elements for promoting a safe working environment	Documentation, engagement, and training; barriers that could influence program implementation	- Organizational and personal readiness to learn violence risk reduction skills and institute prevention practices such as de-	- Workplace violence addressed as part of new employee/provider onboarding at routine intervals - Policy requiring individuals who work in identified high-

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Vermont Hospital Workplace Violence Assessment Results Strengths and Opportunities for Additional Support & Resources			
Assessment Component	Component Description	Strengths	Opportunities for Additional Support & Resources
		escalation techniques	risk areas to undergo hands-on simulation training in de-escalation techniques and violence risk reduction skills training - Organization provides support to individuals who have been the target of workplace violence - Use of health care–specific case studies with simulations to demonstrate recognition of risk appropriate actions and effective response in situations of violence - Collection and consideration of sexual orientation gender identity (SOGI) as well as race and ethnicity information as part of post-event investigation - Metrics include decreased incidence of workplace violence and associated harm - Metrics include improvements in staff and leadership confidence in the use of de-escalation and

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Vermont Hospital Workplace Violence Assessment Results Strengths and Opportunities for Additional Support & Resources			
Assessment Component	Component Description	Strengths	Opportunities for Additional Support & Resources
			conflict resolution techniques
3. Proactive prevention elements of a workplace violence program	Focus on what a successful provider and staff training program should include as well as the inclusion of pre-employment background screening and information that is collected from and shared with patients and families.	- Pre-employment background screening. - Physician and Advanced Practice Provider and staff provided with de-escalation and self-defense training - Physician Advanced Practice Provider and staff trained with safe restraint use and ordering - Unique safety plan developed based upon known risks	- Patients' Rights and Responsibilities clearly outline expectations re: violence, weapons, illicit substances, and exclusion of visitors who are aggressive/violent. All patients are provided a copy of patient rights and responsibility - Physician and Advanced Practice Provider and staff recognize precursor signals of violence - Physician and Advanced Practice Provider and staff medical record documentation expectation - Proactive prevention data intake assessment includes screening for risk of violence/aggression, documentation in medical record. - Proactive Prevention Data Patient history of violence or aggression clearly communicated to all team members (electronic alert care plan)

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Vermont Hospital Workplace Violence Assessment Results Strengths and Opportunities for Additional Support & Resources			
Assessment Component	Component Description	Strengths	Opportunities for Additional Support & Resources
4. Reactive response elements of a workplace violence prevention program	Planned actions taken at the time of the incident as well as post incident actions in engaging and supporting those involved	- De-escalation attempted by security - Termination of care relationship - Law Enforcement Notification, sharing minimum necessary PHI, if taken into police custody, ensure ongoing medical needs are communicated to law enforcement medical clinic / MD, Process for discharge / transfer to law enforcement, restraining orders. - Public Relations / Media Notified of potential media exposure re: arrest. - Ensure victim support. - Ensure safe transfer of patient care. - Exclusion from building in WPV policy. - Posting alert to future caregivers and future security	- Health system facility committee (multidisciplinary) focused on decreasing workplace violence enhanced interventions and educating the organization as to what is being done. - Call to law enforcement in WPV policy. - Documenting actions and exclusion in medical record in WPV policy. - Ensure Victim support in WPV policy.

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Vermont Hospital Workplace Violence Assessment Results Strengths and Opportunities for Additional Support & Resources			
Assessment Component	Component Description	Strengths	Opportunities for Additional Support & Resources
		officers in WPV policy. - Informing patient of reason for visitor / family exclusion in WPV policy. - If excluded person is surrogate decision-maker document continued updates contact / consent achieved via phone.	