

# Metrics

## Is Our Workplace Violence Program Actually Working?

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- **Disclosure**

- No real or perceived conflicts of interest that relate to this presentation.

- **Outcomes**

- Identify useful workplace violence metrics.
- Apply metrics to guide workplace violence program decisions.

*“The complexity of WPV is frequently underestimated by healthcare organizations.”*

Lyver, B., et al., 2024

- **Agenda**

- Quick intro to Metrics
- The Case for Metrics Utilization
- How Metrics Guide your Workplace Violence Program

# Quick Intro to Metrics

## • Metrics Use

- Some are tracking and utilizing metrics. Many are not.
- KLA: What metrics are you tracking and how do you use them?

Metrics?

Risk would likely have that info.

We report those at our monthly WPV meetings.  
K: What do you do with that info?  
Uh, nothing really.

I'm not sure. I'll have to find out.

# Definition

- **Metrics**

- **Quantitative values**

- Provide insight into the state of WPV
      - **Track performance**
        - » Efficacy of WPV measures
      - **Identify gaps**
        - » Areas of improvement
    - Offer guidance and direction
      - Investments versus costs



# The Case for Metrics Utilization

- **Data**

- **Accuracy is critical**

- Workplace violence definitions (what to report) are clear
    - Standardized format to document incidents
      - Helps ensure accurate comparisons before and after implementation of anything
    - Incident reporting simple, easy to access
    - Data collected is easily analyzed

# The Case for Metrics Utilization

# Case for Metrics

- **Too Many Consequences of WPV**

- Hospital/Health System
- Employees
- Patients
- Community

**One of top five reasons nurses do not recommend their hospital to other clinicians**

**1 in 10 emergency nurses are considering leaving due to WPV**

**Nurse Awarded PTSD Benefits After Series of Assaults by Patients**

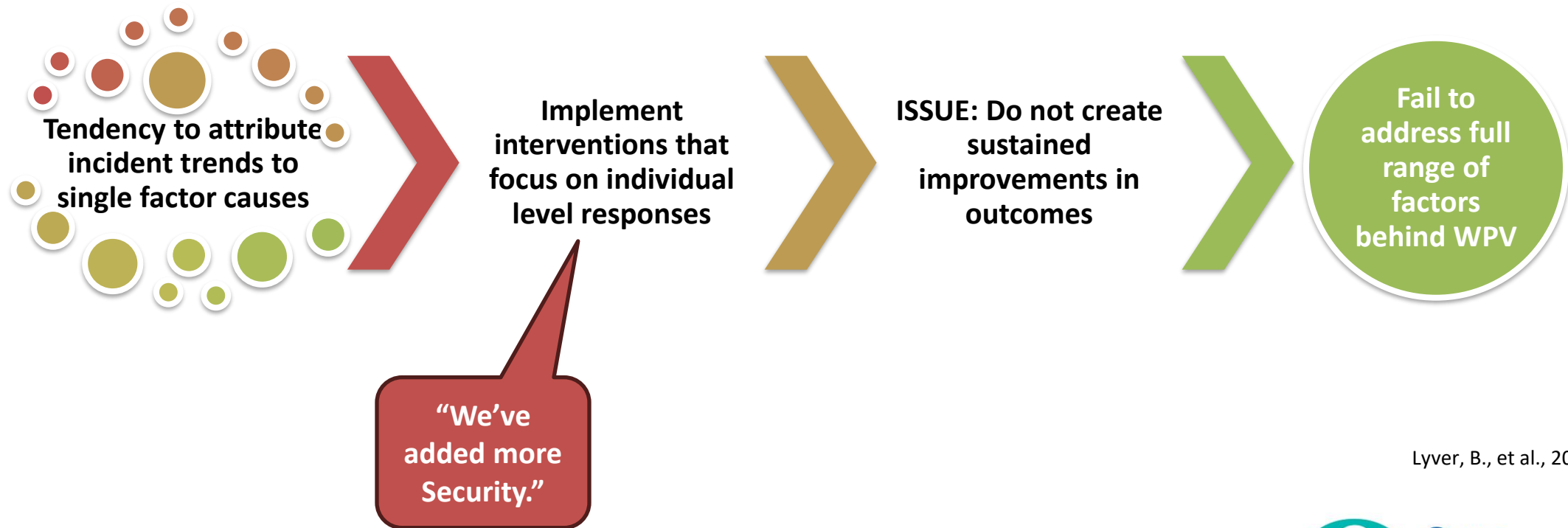
Nassau LONG ISLAND

**Oceanside nurse awarded almost \$5M in damages over attack**

Gates, Gillespie, Succop, March 2011  
Incredible Health, State of Nursing Report, 2024

# The Case for Metrics Utilization

- **WPV Complexity**
  - “...frequently underestimated...”



Lyver, B., et al., 2024

# The Case for Metrics Utilization

- **Metrics**

- **Critical evidence in evaluating workplace violence program efficacy**

- Are interventions providing desired outcomes?
  - What is improving?
    - » WPV **injuries** (physical and psychological)
    - » Incidents
    - » More BERT calls; less Code Violet calls; less restraint incidents

- C-Suite

- Provides them with return on investment (human/financial resources) information

# WPV Metrics to Track

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At the very least	Additional Metrics
<b>Frequency</b> <ul style="list-style-type: none"><li>Total WPV incidents</li><li>Per 100 Employees/Per 100 Beds (IAHSS)</li></ul>	<b>Type of Reported Incident</b> <ul style="list-style-type: none"><li>Physical assault, verbal abuse, threat of harm, attempted physical</li></ul>
<b>Severity (Injuries)</b> <ul style="list-style-type: none"><li>OSHA Recordables</li><li>% of staff incidents involving injury</li></ul>	<b>Type of Physical Assault</b> <ul style="list-style-type: none"><li>Punch, grab, pinch, bite, stab, etc.</li></ul>
<b>Location</b> (by facility/by department)	<b>Victim Job Title</b> <ul style="list-style-type: none"><li>RN, PCA, Tech, Security/Police, etc.</li></ul>
<b>Code Violet Calls</b>	<b>Type of Aggressor(s)</b> <ul style="list-style-type: none"><li>Patient, Visitor, Employee, etc.</li></ul>
<b>BERT Calls</b>	<b>Day of Week</b>
<b>Patient Restraint Events</b>	<b>Time of Day</b>
<b>Rate of WPV Incident Reporting</b>	<b>Claims Cost</b> (Total/Average)
	<b>Working alone</b> (Yes/No)
	<b>DART</b> (Days Away, Restricted, Transfer)

# WPV Metrics to Track

- **Overlooked Metric(s) – Employee Information/Thoughts**

- **Employee assault survey**

- Need to know their thoughts

- Beliefs
  - » WPV not part of the job
  - » Our safety is priority
- What is working
- What needs improvement
- What does not work at all
- What is missing

Workplace Violence Employee Survey

Date	Gender	Position			
Unit/ Department	Years of Service				
Indicate your beliefs to the following statements.		Strongly Agree	Agree	Disagree	Strongly Disagree
1.	Violence <sup>1</sup> or aggression <sup>2</sup> is a problem at Hospital.				
2.	I do not feel threatened while performing my job.				
3.	Security availability in the ED is adequate.				
4.	Security effectiveness in the ED is adequate.				
5.	Workplace violence training meets my needs.				

# WPV Metrics to Track

- **Other Metrics**

- **Common Precipitants**

- Medication administration
    - Waiting for care
    - Delivering food/drinks

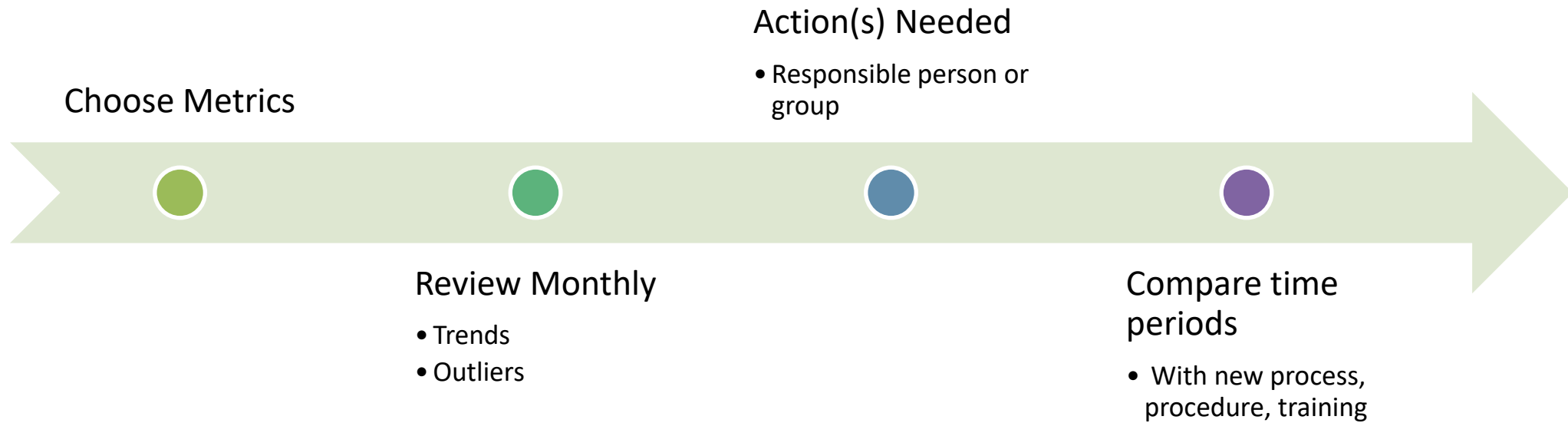
- **Patient to Staff Ratio**

- Aggressive event = when P:S ratio significantly higher

# Metrics for Guidance

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- **Process – Simplistic**



# Metrics for Guidance

- **KLA Priorities**

- **Reduce these quickly**

- Potential risk factors
      - Culture
      - Training
      - No BERT
        - » If high Code Violet

## Frequency

Incidents

BERT calls

Code Violet calls

Restraint events

## Severity

Location

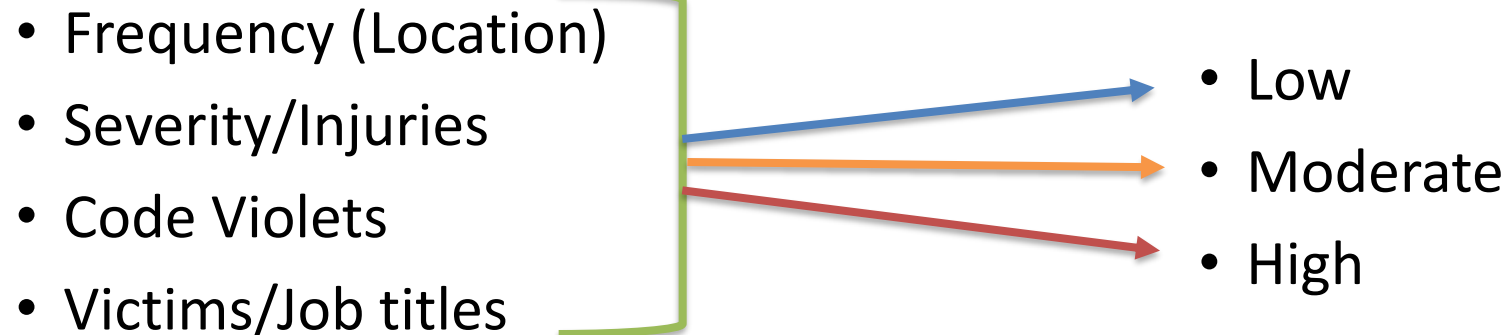
To whom

Type of injury

# Metrics for Guidance

- **Determine Who Gets What Level of WPV Training**

- **What is level of WPV risk?**



# Metrics for Guidance

- **Frequency**

- WPV Training
- Environmental controls
  - Signage
  - Security measures
- Nurse-patient ratio
- Protocols/procedures
- Education to better understand/manage types of patient populations

# Metrics for Guidance

- **Severity**
  - WPV Training
  - Nurse-patient ratio
  - Protocols/procedures
  - Resources
    - Equipment
    - Security personnel
  - Environmental design

# Metrics for Guidance

- **Location**

- Types of patient/acuity

- Special training to staff needed
- Resources needed

- Physical attributes

- Layout of room/area – lack of easy egress
- Access to doors/areas that increase risk
- Lighting
- Areas where staff are alone

Table 5: Number of Incidents by Incident Location\*

Incident Location	Number Incidents	Percent <sup>†</sup>
Inpatient room	3589	40%
Emergency room	2441	27%
Behavioral-health unit	1434	16%
Hallway	426	5%
Location not listed above	403	4%
Parking lot	102	1%
Outside premises	101	1%
Lobby/reception area	84	<1%
Radiology & imaging	75	<1%
Surgery	58	<1%
Seclusion/restraint room	44	<1%
Onsite ambulatory outpatient clinic	42	<1%
Waiting room	41	<1%
Labor & delivery	40	<1%
Cafeteria	30	<1%
Offsite ambulatory outpatient clinic	30	<1%
Kitchen	22	<1%
Restroom/bathroom	19	<1%
Administrative offices	17	<1%
Admissions/registration	15	<1%
Urgent care	15	<1%
Break room	5	<1%
Pharmacy	4	<1%
Stairway	4	<1%
Storage room/area	1	<1%
Grand Total	9042	100%

\*Only one location per incident.

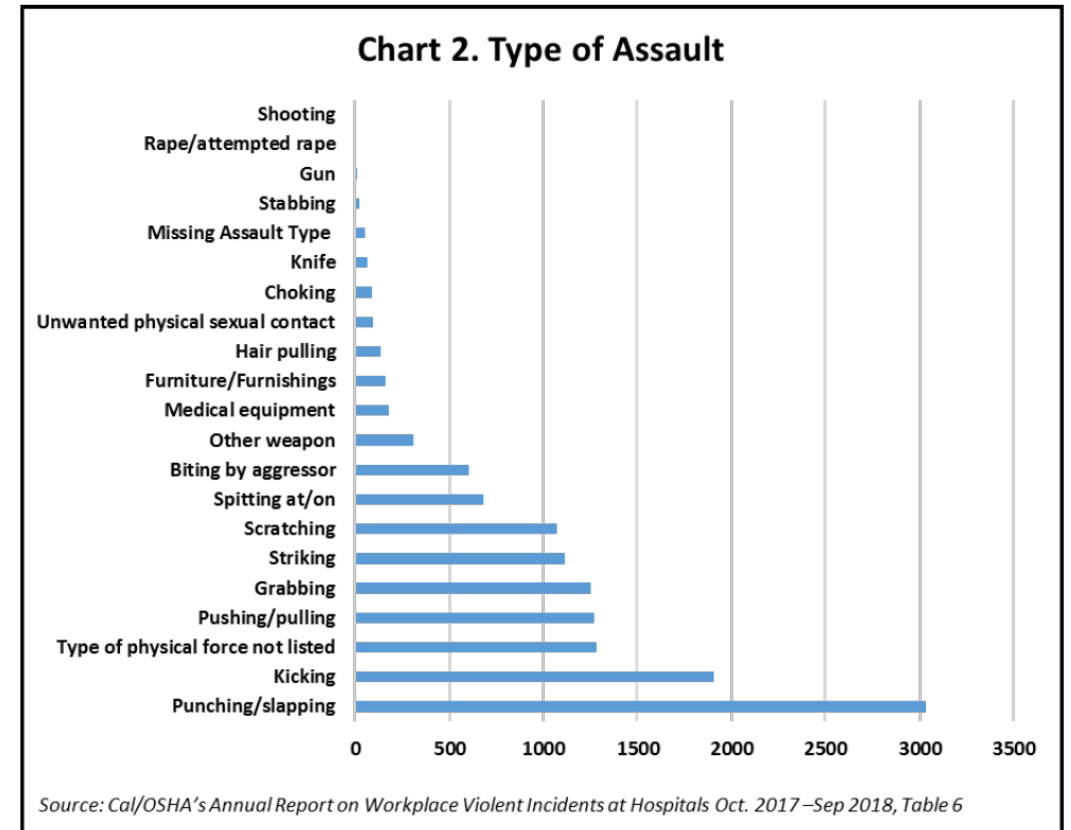
† Percentages may not add to 100 due to rounding.

# Metrics for Guidance

- **Type of Assault**

- High Risk Protect-Exit Skills to Train

- Training skills not needed dilutes competency of skills needed



# Metrics for Guidance

- **Employees**

- **WPV survey comments**

- Management needs to stand behind staff
- Less mental health patients boarded in ED
- Replace “security” with police/More police presence/Increased security
- Enforce locked doors
- Listen to nurses and involve nurses and nurse educators
- Anything, really. It’s not safe at all/Anything would be an improvement
- Signage and culture that physical and emotional abuse against healthcare professionals not tolerated
- Clearer guidelines for handling abusive patients
- Strictly enforced visitor policy
- Education on psychiatric and geriatric patients



In Their Words...

# Metrics for Guidance

- Incident Reporting

- Improve reporting rate

- Changes to process
- Culture and communication
- Coaching
- Review leader behavior
  - Discouraging reporting?

TABLE 5  
Workplace violence incident-reporting barriers

Barrier type <sup>a</sup>	Emergency nurses (n = 92 [12.1%])
Did not sustain injury/no proof of injury	63 (68.5%)
Inconvenient/time-consuming	35 (38.0%)
Violence comes with the job	29 (31.5%)
No one reports/nothing will be done	29 (31.5%)
Unclear reporting policies	7 (7.6%)
Did not want to draw attention to myself	10 (10.9%)
Perceived as a sign of weakness	7 (7.6%)
Fear of retaliation from unit management	5 (5.4%)
Fear of retaliation from patient or visitor	4 (4.3%)
Fear of personal humiliation	2 (2.2%)
Fear of retaliation from hospital administration	4 (4.3%)
Perceived as a sign of incompetence	4 (4.3%)

# Metrics for Guidance

- **Aggressor Type**

- Any action/resources needed?

- Visitor policy/tracking
- Coaching/progressive discipline
- Communication
  - Signage
- Security measures
  - Doors: locked, badge swipe
  - Increase Security personnel
  - Weapons detection

Table 4: Number of Incidents by Aggressor Type\*\*

Type of Aggressor	Number Incidents	Percent**
Patient(s)	8441	93%
Family of patient	177	2%
Co-worker	119	1%
Stranger	82	<1%
Spouse/partner of patient (current or former)	67	<1%
Aggressor not listed above	50	<1%
Licensed independent medical provider	39	<1%
Friend of patient	38	<1%
Supervisor/manager	12	<1%
Outside vendor	7	<1%
Former employee	5	<1%
Spouse/partner of employee (current or former)	4	<1%
Family of employee	1	<1%
Grand Total	9042	100%

\* Only one aggressor type per incident.

‡ Only assaults by a patient or a person accompanying a patient are reportable, unless a weapon is used.

\*\* Percentages may not add to 100 due to rounding.

# Metrics for Guidance

- **Victim Alone at Time of Incident**

- Training/coaching

- When to call for assistance

- Barriers to calling for assistance

- Equipment needed: Vocera, panic button, Security walkie talkie, all-in-one device
- Staff shortage
- Culture

Table 12: Number of Incidents: Employee Alone at Time of Incident

Was Employee Alone	Number Incidents	Percent
No	7805	86%
Yes	1237	14%
Grand Total	9042	100%

- **Review**

- Quick intro to Metrics
- The Case for Metrics Utilization
- How Metrics Guide your Workplace Violence Program

# Questions and Time to Share

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