

# Johns Hopkins Health System Workplace Violence Risk Assessment and Focus Groups

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## 1 Background

Violence by a patient or visitor towards a health care worker is the most common type of violence in health care.<sup>1</sup> Violent episodes toward health care workers include verbal or physical assaults.<sup>1</sup> Health care workers experience more of these assaults than workers in other industries.<sup>1</sup> 93% of all assaults against health care workers are perpetrated by patients or visitors.<sup>1</sup> However, little about this violence is understood because lack of data, confidentiality issues, and complex reasons for underreporting.

The Johns Hopkins Health System (JHHS) board of directors and leadership team identified the need to further understand the nature of the problem, take action to ensure safety, and demonstrate leadership on this issue.

## 2 Objectives

Collect baseline risk assessment and staff perspectives on WPV across Johns Hopkins Health System

- Identify, adapt, and distribute WPV risk assessment of organizations and units across JHHS
- Collect and analyze WPV risk assessment results to inform the workgroup on immediate, short, and long-term actions to address risk
- Complete 15 WPV focus groups of staff at every level across JHHS institutions to solicit staff input on the problem, potential solutions, and strategies currently in use to inform the WPV workgroup.

## 3 Methods

Risk assessments:

- Adapt the OSHA WPV Program Checklists<sup>2</sup> for JHHS Unit and Organizational Risk Assessments.
- Distribute to leaders across JHHS (August 2017) and plan data analysis (September-November 2017).

Focus groups:

- Complete focus group sessions for diverse health care worker groups, including patient care technicians, new and experienced nurses, physicians, as well as specialty areas such as emergency, pediatric, and psychiatric groups.

Group	N (134)
Nurse Residency Program	18
Nurse Residency Program	37
Soaring Program (Technicians)	25
Adult ED Providers	21
Pediatric NLF Providers	33
Labor & Delivery	X

Organizational Responses	N = 12
Unit Responses	Collection Oct 2017

## 4 Results

**Focus groups define WPV as:**

- Any hostility, verbal and non-verbal abuse, sexual assault, anything unwanted by the victim
- Emotions built up and unresolved issues taken out on staff

**Focus groups suggest WPV can be prevented by:**

- ‘Trusting your gut’, being ‘aware of storm brewing’, and removing yourself from the situation
- Cross-training of departments and disciplines on de-escalation and self-protection; improved staff communication between shifts and disciplines
- Protocols and orders to address violence and to use with security
- Developing rapport and use caring language with patients, families, and visitors

**Focus groups suggest harm can be prevented or reduced by:**

- Creating documentation in EPIC, filling out a HERO for any violence against staff, alternate reporting format

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## 5 Conclusions

WPV continues to be a significant issue for health care as an industry and for health care workers across.

JHHS is taking a systemic approach to assess WPV risk factors and staff perspectives and inform both large scale and site-specific activities.

Reporting and data collection need to improve before the health care industry can appreciate and address WPV.

## 6 Future Directions

The JHHS will continue a systemic and coordinated effort to further understand, predict, react, and learn from WPV events.

The focus groups and risk assessments are planned to be repeated in the next 5 years to further understand the impact of interventions implemented to address this problem.

## 7 References

1. Phillips, J.P. (2016). Workplace Violence against Health Care Workers in the United States. *N Engl J Med* 374(17), 1661-1669.
2. Occupational Safety and Health Administration. (2016). *Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers*. (OSHA Publication No. 3148-06R). Washington, DC: U.S. Government Printing Office.

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