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# Preventing Violence in Healthcare

## Gap Analysis

*Note: The purpose of this gap analysis is to help healthcare facilities to implement best practices in order to prevent violence from patients to staff. The purpose is not to address disruptive behavior or staff to staff violence; those issues should be dealt with through other policies and/or procedures.*

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# Definitions

“Patient(s)” will be used globally throughout this document and refers to patients, clients, residents, and all other terms used to describe the type of individuals cared for in each provider type.

## Violence in Healthcare

Violence in healthcare refers to a broad range of behaviors including, but not limited to, physical violence, threats and/or behaviors that are disruptive to (facility name’s) environment and generate a concern for the personal safety of employees, visitors, patients/residents and others who are present in said healthcare facilities.

\*Note-While intent or lack of intent to harm may influence the response to the violence, this definition covers any incident of violence, whether or not there was intent\*

Examples of violence in the healthcare setting may include, but are not limited to:

- Verbal threat or nonverbal threats that express intent to harm. This can include the use of actions or words in such a way as to make another person feel fearful or unsafe.
- Physical assaults, including biting, kicking, punching, scratching, spitting, etc.

## Clinical Staff

Staff that treat patients or directly care for patients (e.g. nursing, physicians, therapists, pharmacists, nursing assistants).

## Non-Clinical Staff

Staff that do not provide medical treatment for patients (e.g. housekeeping, receptionists, administration, security, volunteers).

## Violence Prevention Team

An interdisciplinary team/committee/workgroup that is tasked with preventing violence at their facility.

**We would like to thank the following hospitals and health systems for sharing their time, expertise and stories which made the road map and tool kit possible:**

- Allina Health, Minneapolis
- Centracare Health System, Saint Cloud
- Community Memorial Hospital, Cloquet
- Essentia Health System, Duluth
- HealthEast Care System, Saint Paul
- Mayo Clinic, Rochester
- Mille Lacs Health System, Onamia
- Sanford Health, Sioux Falls, S.D.
- University of Minnesota Medical Center, Fairview, Minneapolis

# Preventing Violence in Healthcare Gap Analysis

	Preventing Violence in Healthcare	Specific Actions(s)	Audit Questions	Yes	No	If answered question "No" – identify the specific action plan(s) including persons responsible and timeline to complete.
<b>S</b>	<b>Safety Coordination – Violence Prevention Program</b>	1) Senior Leadership declares violence prevention a priority.	1a) Violence prevention is aligned with the quality and safety plan (e.g., violence prevention is visible on meeting agendas).	<input type="checkbox"/>	<input type="checkbox"/>	
			1b) The organization provides resources for violence prevention (e.g., time, materials, funding).	<input type="checkbox"/>	<input type="checkbox"/>	
		2) Assembles a violence prevention team.	2a) There is a designated individual(s) to coordinate and lead the organization's violence prevention program.	<input type="checkbox"/>	<input type="checkbox"/>	
			2b) The designated individual(s) has dedicated time to coordinate and lead in this role.	<input type="checkbox"/>	<input type="checkbox"/>	
			2c) The organization promotes a team approach to violence prevention with an interdisciplinary violence prevention team comprised of clinical and non-clinical staff.	<input type="checkbox"/>	<input type="checkbox"/>	
			2d) The team has at least one member that has subject matter expertise in violence prevention and/or is willing to attend additional training/education (e.g., de-escalation techniques, behavioral management).	<input type="checkbox"/>	<input type="checkbox"/>	
			2e) The interdisciplinary team includes representation from across the organization (e.g., nursing, medical staff, security, occupational health, human resources, local law enforcement).	<input type="checkbox"/>	<input type="checkbox"/>	
		3) Violence prevention team is responsible for overseeing an action plan for violence program planning, implementation and evaluation.	3a) An interdisciplinary team oversees the action plan for the violence prevention program.	<input type="checkbox"/>	<input type="checkbox"/>	
			3b) The action plan includes education of staff.	<input type="checkbox"/>	<input type="checkbox"/>	
			3c) The action plan is reviewed by the team and updated at least annually.	<input type="checkbox"/>	<input type="checkbox"/>	
			3d) The violence prevention program includes prevention practices for general populations and special populations such as mental health, emergency room and geriatric patients as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	
			3e) A process is in place to engage all levels of staff in the violence prevention planning process.	<input type="checkbox"/>	<input type="checkbox"/>	
			3f) The violence prevention team reviews and recommends changes to policies/procedures and training as needed.	<input type="checkbox"/>	<input type="checkbox"/>	

		4) Provides resources and support for violence prevention program.	4a) The organization has a process in place to report to senior leadership on the status of violence prevention efforts.	<input type="checkbox"/>	<input type="checkbox"/>	
			4b) Senior leadership responds to updates with continued support, resource allocation and assistance with barriers that are encountered.	<input type="checkbox"/>	<input type="checkbox"/>	
		5) Collaborates with local law enforcement	5a) The organization has a process for ongoing communication with local law enforcement to discuss updates on violence prevention and issues within the organization. N/A	<input type="checkbox"/>	<input type="checkbox"/>	
			5b) The organization works with local law enforcement to develop a role for law enforcement with violence prevention procedures and response plans at the organization. N/A	<input type="checkbox"/>	<input type="checkbox"/>	
<b>A</b>	<b>Accurate and Concurrent Reporting</b>	<b>Data Collection</b> 1) Collect data on all incidents of violence	1a) The organization has a timely reporting process (such as occurrence reporting) in place to collect information on all incidence of violence within the facility.	<input type="checkbox"/>	<input type="checkbox"/>	
			1b) The event documentation system (electronic or paper) is designed to capture sufficient detail about the event to allow for adequate event analysis.	<input type="checkbox"/>	<input type="checkbox"/>	
			1c) The organization has a central place where all reports of violence are collected and data is aggregated.	<input type="checkbox"/>	<input type="checkbox"/>	
			1d) The organization's data collection process captures (at a minimum) all of the suggested data elements on incidence reports. See toolkit for suggested elements.	<input type="checkbox"/>	<input type="checkbox"/>	
		<b>Data Analysis</b> 2) Analyze violent incident data for common factors and determine if interventions are effective.	2a) A process is in place for the violence prevention team to review and analyze reported incidents of violence on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>	
			2b) Results of analysis used for learnings and improvement opportunities.	<input type="checkbox"/>	<input type="checkbox"/>	
			2c) Violence data is shared across the organization on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>	
			2d) Violence cases are routinely shared (through staff stories as well as through data) across the organization.	<input type="checkbox"/>	<input type="checkbox"/>	

<b>F</b>	<b>Facility Culture and Accountability</b>	1) Clearly communicate roles for violence prevention.	1a) Clinical staff understands their role regarding violence risk screening, assessment and intervention to prevent and mitigate acts of violence.	<input type="checkbox"/>	<input type="checkbox"/>	
			1b) A process is in place to assure non-clinical staff understands their role in the prevention and mitigation of acts of violence.	<input type="checkbox"/>	<input type="checkbox"/>	
		2) Implement strategies toward a violence free workplace	2a) There is a process in place for ongoing communication from leadership to staff that violence is not an accepted part of their job.	<input type="checkbox"/>	<input type="checkbox"/>	
			2b) There is a process in place for ongoing communication from leadership to patients/visitors that violence will not be accepted (e.g., signage, patient handouts and visitation guidelines).	<input type="checkbox"/>	<input type="checkbox"/>	
			2c) Organization uses information from reports and lessons learned to inform staff of what actions are being taken after events to prevent future violence.	<input type="checkbox"/>	<input type="checkbox"/>	
		3) Clearly communicate expectations of incident reporting.	3a) All staff (and security where applicable) confronted violent behavior are expected to report these behaviors through the organization's incident reporting system.	<input type="checkbox"/>	<input type="checkbox"/>	
			3b) All staff are supported by leadership in reporting all acts of violence or threats of violence.	<input type="checkbox"/>	<input type="checkbox"/>	
			3c) There is a process in place for ongoing communication from leadership to staff about expectations of full reporting of violent incidents.	<input type="checkbox"/>	<input type="checkbox"/>	
		4) Communicate daily about risk factors and high risk patients.	4a) The organization has a process in place to facilitate communication at the patient care level about patients/visitors at high-risk for violence and potential situations (e.g., daily morning huddle, shift report).	<input type="checkbox"/>	<input type="checkbox"/>	
		5) Frequent rounding by security	Where applicable, the organization has instituted purposeful security rounding for all patients which includes:			
			5a) A structured process for conducting rounding including clear expectations of components covered during rounds.	N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			5b) Involvement of front-line staff and security in the development of rounding process.	N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>E</b>	<b>Staff education</b>	1) Provide violence prevention/mitigation education for all staff	1a) Expectations and supporting education have been incorporated into new employee orientation for clinical and non-clinical staff, including, at a minimum: <ul style="list-style-type: none"> <li>Identifying situations with potential for violence</li> <li>De-escalation strategies</li> <li>Environmental risk assessments</li> <li>Personal safety strategies</li> <li>Conducting patient-specific risk assessments</li> <li>Reporting of violent incidents</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
			1b) Expectations and supporting education have been incorporated into new employee orientation for contracted staff (e.g., contracted security staff).	<input type="checkbox"/>	<input type="checkbox"/>		
			1c) Expectations and supporting education have been incorporated into all new provider orientation (including contracted providers)	<input type="checkbox"/>	<input type="checkbox"/>		
			1d) Ongoing violence prevention education for all staff and providers is provided at least annually.	<input type="checkbox"/>	<input type="checkbox"/>		
			1e) A process is in place to offer additional conflict and crisis intervention education, to include, de-escalation techniques training to staff working in areas prone to violence, as identified by the organization.	<input type="checkbox"/>	<input type="checkbox"/>		
			1f) Members of the violence prevention team have additional training on violence prevention so that they can serve as resources to their patient care areas (this may be provided through the violence prevention champions or outside opportunities).	<input type="checkbox"/>	<input type="checkbox"/>		
		2) Ensures staff familiarity with emergency policies and procedures	2a) A process is in place to ensure staff know and are familiar with the operation of their organization's emergency devices where applicable (e.g., personal alarms, restraints).	N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			2b) A process is in place to ensure all staff are familiar with how and when to call for an emergency response team (if applicable) in the event of an act of violence or threat of violence.	N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			2c) Organizational emergency response plan is integrated with the emergency preparedness plan as appropriate (active shooter, bomb treat, etc.).	<input type="checkbox"/>	<input type="checkbox"/>		

		3) Identify non-patients/visitors at high risk for violence	3a) All staff have been trained to identify non-patients/visitors at risk or exhibiting at risk behaviors for violence.	<input type="checkbox"/>	<input type="checkbox"/>	
			3b) A structured process is in place for sharing information regarding high-risk non-patients/visitors with appropriate staff members (e.g., security).	<input type="checkbox"/>	<input type="checkbox"/>	
		4) Coordinate organizational risk assessments	4a) Departmental and organization wide environmental risk assessments are performed at least annually.	<input type="checkbox"/>	<input type="checkbox"/>	
			4b) A process is in place to coordinate risk assessments with security, environmental safety and other departments as necessary and applicable. N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Specific Action(s)	Gap Analysis Questions	Yes	No	If answered question "No" – identify the specific action plan(s) including persons responsible and timeline to complete.
<b>Risk Identification</b>				
1) Formally screen and re-screen all inpatients for violence risk.	1a) The organization uses standard, reliable violence risk screening tools (i.e., BROSET tool or other standardized tool) to screen all inpatients for violence risk.	<input type="checkbox"/>	<input type="checkbox"/>	
	1b) The organization requires, AND has a designated place to document, formal screening of all inpatients within 8 hours of admission for inpatients.	<input type="checkbox"/>	<input type="checkbox"/>	
	The organization requires, AND has a designated place to document, re-screening of patient risk:			
	1c) at a frequency designated by the organization;	<input type="checkbox"/>	<input type="checkbox"/>	
	1d) with change in status/condition or if new information becomes available regarding violence risk (e.g., post procedure, high-violence risk medication change);	<input type="checkbox"/>	<input type="checkbox"/>	
	1e) post violent incident	<input type="checkbox"/>	<input type="checkbox"/>	
2) Identify outpatients at high risk for violence.	A structured process is in place to identify outpatients at risk for violence:			
	2a) In the Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>	
	2b) In other outpatient areas identified by the organization as higher risk areas for violent incidents.	<input type="checkbox"/>	<input type="checkbox"/>	
3) Identify non-patients/visitors at high risk for violence	3a) All staff have been trained to identify non-patients/visitors at risk or exhibiting at risk behaviors for violence	<input type="checkbox"/>	<input type="checkbox"/>	

	3b) A structured process is in place for sharing information regarding high-risk non-patients/visitors with appropriate staff members (e.g., security).	<input type="checkbox"/>	<input type="checkbox"/>	
4) Coordinate organizational risk assessments	4a) Departmental and organization wide environmental risk assessments are performed at least annually.	<input type="checkbox"/>	<input type="checkbox"/>	
	4b) A process is in place to coordinate risk assessments with security, environmental safety and other departments as necessary and applicable.	<input type="checkbox"/>	<input type="checkbox"/>	

## Linked Interventions

1) Communicate patient violence risk status as part of hand-off systems.	1a) A system is in place to alert all appropriate staff to the patient's violence-risk status.	<input type="checkbox"/>	<input type="checkbox"/>	
	1b) There is a process in place for communication of patient's violence risk during hand-offs or transitions.	<input type="checkbox"/>	<input type="checkbox"/>	
2) Link risk analysis findings to specific interventions to individualize violence prevention plan of care.	2a) The organization has a process in place to focus interventions on specific risk factors rather than on general risk score.	<input type="checkbox"/>	<input type="checkbox"/>	
	2b) The organization has decision-support tools accessible (electronic or paper) that provides staff with the intervention options that should be considered based on risk score/risk factors.	<input type="checkbox"/>	<input type="checkbox"/>	
	2c) A process is in place for clearly defined roles regarding which staff is responsible for choosing interventions.	<input type="checkbox"/>	<input type="checkbox"/>	
	2d) A process is in place for documentation of chosen interventions and/or revised plan of care.	<input type="checkbox"/>	<input type="checkbox"/>	
	2e) A process is in place for staff to complete an individualized treatment plan for applicable patients that responds to identified risk factors and review and revise that plan as needed.	<input type="checkbox"/>	<input type="checkbox"/>	
3) Link risk identification findings to specific responses for non-patients/visitors.	3a) The organization has decision-support tools accessible (electronic or paper) that provide staff with response options that should be considered for non-patients/visitors that are identified at risk for violence.	<input type="checkbox"/>	<input type="checkbox"/>	

## Incident Response

1) Organization has an emergency response plan for violence.	The organization has a defined violence response plan (e.g. violence rapid response team) which includes, at a minimum:			
	1a) Clear roles for staff	<input type="checkbox"/>	<input type="checkbox"/>	
	1b) Clear process for staff to initiate the violence response plan in the event of a violent incident or threat of violence.	<input type="checkbox"/>	<input type="checkbox"/>	
	1c) Plan for conducting drills of the violence response plan at least annually.	<input type="checkbox"/>	<input type="checkbox"/>	



2) Support all staff after incidents	2a) A process is in place to have immediate evaluation of all staff/visitors involved in violent incidents evaluated by medical staff.	<input type="checkbox"/>	<input type="checkbox"/>	
	2b) A process is in place to assure appropriate support and resources are provided to involved staff/patients/visitors immediately and on an ongoing basis (e.g. law enforcement, EAP, EOHS).	<input type="checkbox"/>	<input type="checkbox"/>	
	2c) A process is in place to support staff in their right to file a police report after a violent incident/threat of violence occurs.	<input type="checkbox"/>	<input type="checkbox"/>	
3) Organization has a business continuity and recovery plan in place	3a) Business continuity and recovery plan includes, but is not limited to: <ul style="list-style-type: none"> <li>• Policies and procedures regarding making appropriate insurance notifications after applicable violent events, such as workers 'compensation</li> <li>• Communication plan for internal and external (if applicable) audiences following high-profile events that is consistent with state, federal and organizational privacy requirements</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	

## Learn from Events

1) Conduct post event huddles/debriefs.	1a) A process is in place to conduct a post-event huddle with affected staff as soon as possible after any violent event as defined by policy.	<input type="checkbox"/>	<input type="checkbox"/>	
	1b) A process is in place to follow-up on any issues raised in huddles.	<input type="checkbox"/>	<input type="checkbox"/>	
2) Conduct analysis of events.	2a) A process is in place to conduct a root cause analysis (RCA) and/or common cause analysis of violent events as defined by policy.	<input type="checkbox"/>	<input type="checkbox"/>	
	2b) A process is in place for violence prevention team and/or leadership to review analyses.	<input type="checkbox"/>	<input type="checkbox"/>	
	2c) A process is in place for learnings from analyses to be shared across the organization.	<input type="checkbox"/>	<input type="checkbox"/>	