HSHS

CRISIS PREVENTION & INTERVENTION

COURSE OBJECTIVES

- HSHS Colleagues will learn:
  - Workplace Violence
    - Different types of workplace violence and examples
    - HSHS Workplace Violence Policy

  - Principles of Crisis Prevention

  - Keys to Communication - HEAL

  - Crisis Intervention: Verbal and Non-Verbal Approaches

  - Report Disruptive Behavior in Peminic/Verge
    - D-09 Event Reporting and Analysis Policy

FREQUENTLY USED ACRONYMS

- CDC – Center for Disease Control
- ENA – Emergency Nurses Association
- HEAL – Hear, Empathize, Acknowledge and Lead
- NIOSH – National Institute for Occupational Safety and Health
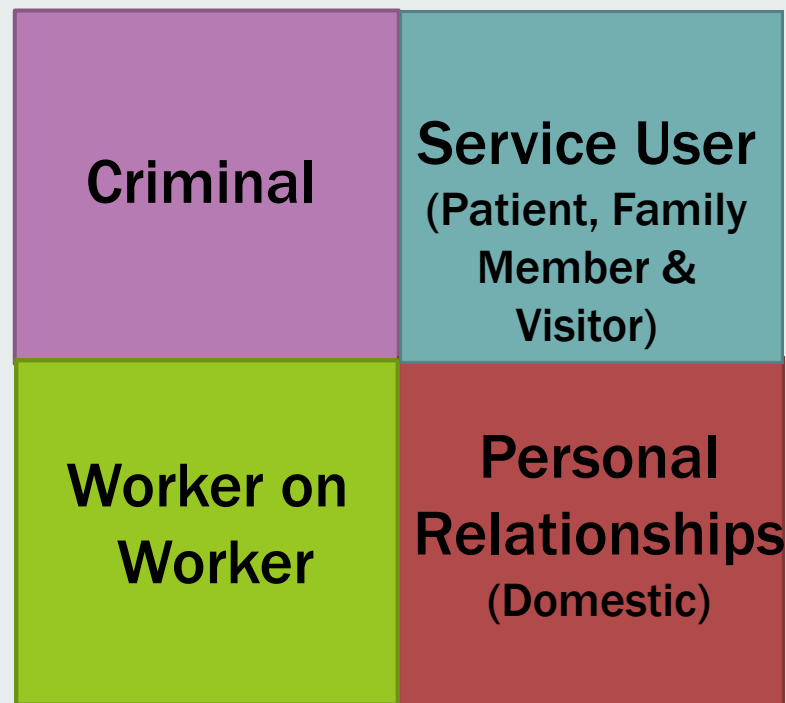- OSHA – Occupational Safety and Health Association

PURPOSE

- Inspire and embody Christ's healing love through education and training to promote <u>zero-harm</u> and <u>strive for zero serious safety events</u> at all HSHS facilities.
  - Foundation for the HSHS Safety Program

  - Safety Event is a situation where best or expected practice does not occur. If this is followed by serious harm to a patient, then we call it a Serious Safety Event

WORKPLACE VIOLENCE

"...violent acts (including physical assaults and threats of assaults/verbal abuse) directed toward persons at work or on duty." (CDC/NIOSH, 2002)

VIOLENCE TYPES

Criminal	**Service User** (Patient, Family Member & Visitor)
Worker on Worker	**Personal Relationships** (Domestic)

Service User violence most common, followed by Worker on Worker (CDC & OSHA, 2015). Most frequent location of violence includes Emergency rooms, Geriatric units, Psychiatric units, Waiting rooms and large crowded areas (ENA, 2015)

CRIMINAL VIOLENCE

➤ The subject has no relationship with the organization or the victim

➤ Normally their aim is to access:
- Cash
- Stock
- Drugs
- Or perform some other criminal act

WORKER ON WORKER VIOLENCE

- **Commonly known as lateral or horizontal violence**
- **Examples:**
  - Bullying
  - Frequently verbal and emotional abuse that is unfair or offensive
  - Often directed at those being viewed as "lower on the food chain"
   - ✓ Supervisor to Supervisee
    - ✓ Doctor to nurse

PERSONAL RELATIONSHIP/DOMESTIC VIOLENCE

- A relationship to an employee outside of work that spills over to the work environment.

- Individuals who have a relationship with an employee, examples include:
  - ✓ Spouse
  - ✓ Significant others
  - ✓ Acquaintances

(CDC,NIOSH, 2015)

SERVICE USER VIOLENCE

- Most common type of violence in health care settings
- Frustration
- Feel nothing is in their control
- Poor diagnostic outcome
- Customer/Client includes:
  - ✓Patient
  - ✓Family member
  - ✓Visitor

(CDC, NIOSH, 2015)
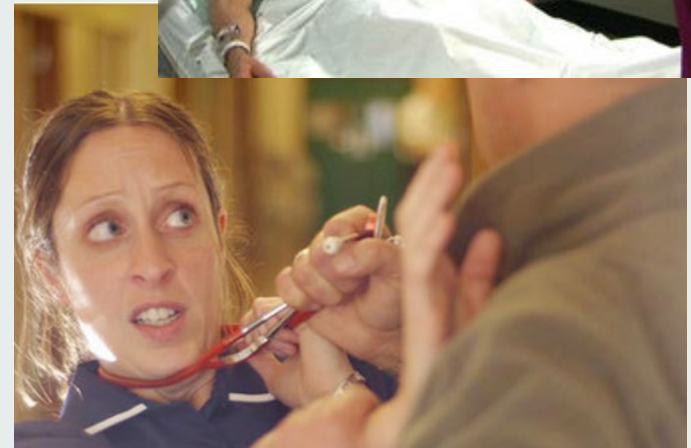
IMPORTANT

- Although some psychiatric diagnoses are associated with violent behavior, most people who are violent are not mentally ill, and most people who are mentally ill are not violent. Substance abuse is a major contributor to violence in populations both with and without psychiatric diagnoses (Friedman, 2006).

RISKS

Healthcare workers face significant risks of job-related violence

While under **20%** of all workplace injuries happen to healthcare workers...

Healthcare workers suffer **50%** of all assaults.

Source: Bureau of Labor Statistics

LEARN HOW to assess hazards and develop individual worksite plans to prevent workplace violence. ▶ www.OSHA.gov

When patients enter the health care setting they are under stress and don't feel well. For family members, there is a lot of waiting and anger starts to arise because they may feel they are not getting "the best" care. Be attuned to these patients, family members and wait times.

RISKS

Clinical

Clinical Patient Risk Factors Include:

- Under the influence
- Pain
- Violent history
- Cognitive impairment
- Angry about clinical relationships
- Mental illness
- Financial pressure

RISKS

Clinical

Environmental Risk Factors Include:

- Noise
- Transporting patients
- Long waits for service
- Overcrowded, uncomfortable waiting rooms
- Working alone
- Understaffed
- Access to firearms
- Unrestricted movement of the public

RISKS
Environment

HSHS/LOCAL SYSTEM POLICIES

#1: Workplace Violence

- HSHS Policy

- **"HSHS does not tolerate violence,** physical violence, threats, or acts of intimidation against any person. All colleagues have a **duty to promptly and accurately report** these events to their leader or People Services."

HSHS/LOCAL SYSTEM POLICIES

#2: HSHS D-09 Event Reporting and Analysis Policy

"Colleagues are **required to report** any actual or potential unsafe condition, situation or occurrence that is unexpected and not part of the normal course of care or any adverse outcome that is not directly related to the natural course of the patient's illness or underlying condition present upon admission."

"Details of the Event are, by the end of the Event Reporter's (colleague(s) involved) current shift or as soon as possible thereafter, promptly and accurately recorded by the Event Reporter in a single, standardized, integrated information system designated by HSHS. Currently, the **Peminic** Event Reporting System will be used to report Event occurrences."

Emergency/ Urgent Care Related

- **"Events related to Care coordination/ communication** including Access to care issues (delay in treatment, transfer, or bed availability); inadequate communication with other providers; provider not available; referral/ consult problem.
- Discharge AMA, left without being seen or before visit complete.
- Refusal of important medications, treatments."

Security/ Manpower/ Other

- **"Disruptive Behavior:** Report any abusive patient, Sexual Assault or attempted sexual assault, abduction of patient, patient missing, or assault that has the potential to impact patient safety."
- "HIPAA violation, privacy issues or reports of property destruction."

PRINCIPLES OF CRISIS PREVENTION

CHECK YOUR SURROUNDINGS

- Note exits and emergency phone numbers if you change work areas.
- Confusion, background noises, and crowding can increase stress levels.
- Meal times, shift changes, and while transporting patients are all times of increased disruptive behaviors.
- "Other risks such as the weather, patient load and morbidities, noise levels, and staffing levels are unchangeable and often unpredictable. Be alert to changes in your environment" (CDC/NIOSH, 2015).
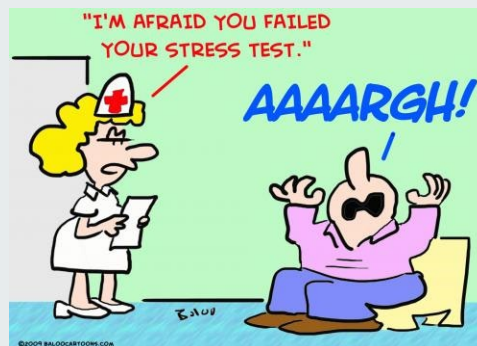
(CDC, 2015)

DRESS SAFELY

According to the CDC and NIOSH, "Dress for safety by removing anything that can be used as a weapon or grabbed by someone."

• Long hair should be tucked away   so that it can't be grabbed;

• Jewelry - avoid earrings or necklaces which can be pulled;

• Overly tight clothing can restrict movement;

• Overly loose clothing, or scarves can be caught;

• Glasses, keys, or name tags dangling from cord or chains can be hazardous; make sure to use breakaway safety cords or lanyards."

DRESS SAFELY

hair tucked away

no jewelry

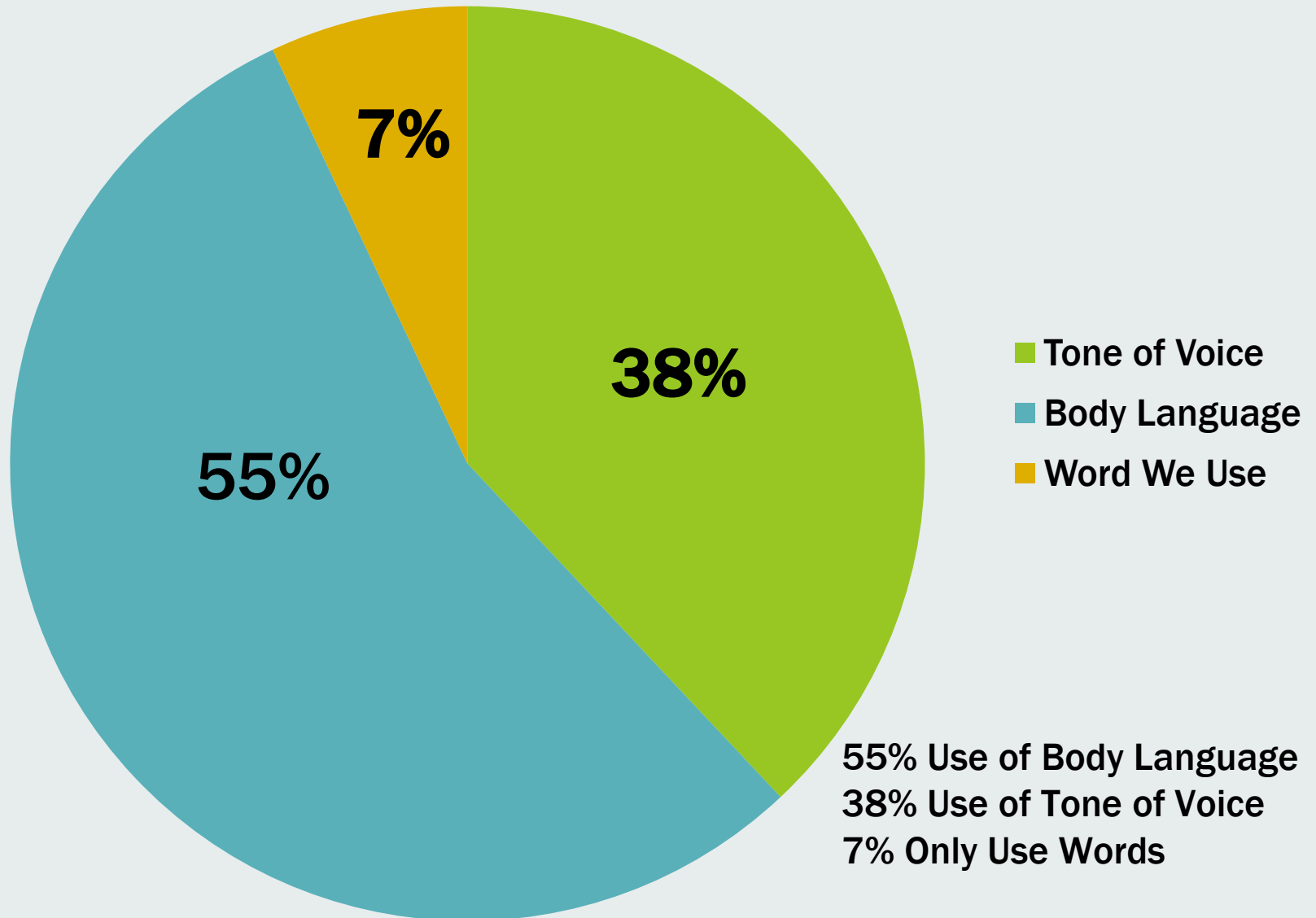clothing not overly loose or tight

breakaway safety cord

(CDC, 2015)

KEYS TO COMMUNICATION

- ✓ Body Language
- ✓ Tone of Voice
- ✓ Word We Use

Dr. Mehrabian's Elements of Personal Communication

- Tone of Voice
- Body Language
- Word We Use

38%

55%

7%

55% Use of Body Language
38% Use of Tone of Voice
7% Only Use Words

BODY LANGUAGE

Don't

- Finger point, it may seem accusing or threatening

- Shoulder shrug, it may seem uncaring or unknowing

Do

- Use slow and deliberate movements, quick actions may surprise or scare the other person

TONE OF VOICE

- It's **HOW** you say **WHAT** you say.

- When the words and the tone are in conflict, people believe the **TONE**.

- It is difficult (nearly impossible) for people to hear their own tone

WORDS WE USE

Instead of…	…Say
"What are you here for?"	"How can I help you?"
"Sorry 'bout that."	"Please accept my apologies."
"You can't go back right now."	"Let me check and see when you can see your family member."
"I don't know."	"I'll be happy to do that for you" or "I'll find out for you."
"If you can be patient, I'll be with you as soon as I can."	"It appears you are in a hurry. I will do my best to wrap this up so I can assist you."
"I don't understand what you are asking/want."	"I want to make sure I understand. Let me see if I have this right…"
"Hold on"	"May I place you on hold?"
"We are short-staffed and can't go any faster."	"I apologize you have had to wait. Is there anything you need right now?"

KEYS TO EFFECTIVE COMMUNICATION

HEAL

- Hear the customer
- Empathize with the person
- Acknowledge how they feel
- Lead toward a resolution

- ✓ Improves perception of care or service received
- ✓ Anxiety reduction
- ✓ Loyalty
- ✓ Consistent delivery

(Rubin, 2014)
(Wall, 2011)

HEAL = Consistency

Hear: Hear the customer. Allow them to vent, truly listen. Many times angry people just want someone to listen them. To hear their story.

Empathize: Angry people want to beard, to be listened to and to have their upset and emotional state recognized. Put yourself in their situation.

Acknowledge: Agitated people want you to acknowledge that the situation is causing them some form of hardship. If you do not acknowledge how the event made them feel, they are likely to become more angry and abusive.

Lead toward a resolution: Take responsibility for this step. Use action phrases that state what you can do, not what you cannot do.

(Rubin, 2014)

IF CRISIS PREVENTION TECHNIQUES DO NOT WORK , THEN HERE ARE SUGGESTIONS TO HANDLE CRISIS ESCALATION

CRISIS

A situation— real or perceived —that significantly reduces a person's ability to cope.

Intervention Techniques

THE CRISIS CYCLE

Normal State

There is no Crisis Yet

Stimulation

Something happens to cause the person to become excited, upset, physically uncomfortable

Escalation

The person shows obvious signs of distress, including observable physical changes in behavior

AS IT ESCALATES

If the situation escalates…

1. Recognize Warning Signs
2. Decisions
   - Should I be doing this?
   - Can I do this?
3. Involve a Colleague / Supervisor / Security
4. Crisis Intervention Techniques
5. Call for Security or dial 911

IMPORTANT

- **Recognize** Warning Signs
  - Change in posture
  - Stands taller, sets shoulders
  - Moves away/moves closer
  - Points
  - Forms a fist and may strike
  - Mumbling and pacing
  - Staring and eye contact
  - Tone and volume of voice
  - Anxiety

- **Acknowledge** the patient's/visitor's concern,
  - Maybe they have been complaining about one nurse in ER or not getting food on time. Acknowledge this with the individual and help them move on.

Staring and eye contact

Tone and volume of voice

Anxiety

Mumbling

Pacing

(Luck et al, 2007)

WARNING SIGNS

Not everyone exhibiting warning signs will become violent.

However, no warning sign should be completely ignored. Any one or combination of warning signs, at any level, may indicate a potentially violent situation.

(Luck et al, 2007)

CRISIS INTERVENTION TECHNIQUES

DO NOT GIVE UP THE THINGS THAT CAN HELP YOU MOST.

Ask yourself:
- Should I be doing this:
  - Alone?
  - Here?
  - Now?
  - At all?

- Can I do this:
  - Safely?

APPROACH: VERBAL

Allow the person to express concern. (Hear)
- "It seems as if something is bothering you, would you be willing to share your concerns?"

Be empathic (Empathize)
- "I understand how frustrating this must be for you."

Apologize if appropriate. (Acknowledge)
- "I'm sorry this happened." "Let's find a way to fix it."

Use a shared problem solving approach. (Lead toward a resolution)
- "Do you have suggestions of how to correct the problem?"

Be alert to early signs of a patient's rising anxiety; perhaps offer an empathic inquiry such as, "You seem to be upset...can you tell me what's troubling you?"

APPROACH: NON-VERBAL

- Be calm, or at least act calm. Maintain non-threatening eye contact, smile, and keep hands open and visible.

- Listen. Nod your head to demonstrate that you are paying attention.

- Respect personal space. Maintain arm/leg distance away from the individual. Avoid touching the upset individual as it may be misinterpreted.

(CDC, NIOSH, 2015)

SET LIMITS IN A NON-THREATENING MANNER

Guidelines	Examples
■ Paraphrase their words.	■ "I hear you say you are angry because no one has been in to see you"
■ Verbalize their actions.	■ " It appears you are angry, because you are swearing at me, which is not appropriate." "How can we change this feeling of anger?"
■ State what you can do.	■ "Here is what I can do for you…"

AVOID

- Touching unless you ask first or it is essential for safety

- Intervening too quickly or trying too hard to control the interaction by interrupting or talking over the person

- Saying "you must"

- Power struggles

- Being condescending

- Letting the individual get between you and the door

- Being within the individual's reach

- Maintaining continuous eye contact

COMMUNICATION TIPS

Crisis escalating situations are emotional – control yours, it effects everything either positively or negatively

It does not matter what your position is – handling the situation is now your job. You are the professional – take it professionally

Understand - remove any triggers

COMMUNICATION TIPS

HEAL
- **H**ear the customer – truly listen, allow them to vent
- **E**mpathize – no one is right or wrong
- **A**cknowledge/Apologize – acknowledge the situation – wish it had not happened
- **L**ead toward a resolution – state what you can do

When it moves beyond challenging
- Should I be doing this: Alone, Here, Now, At All?
- Involve a colleague/supervisor/security

Crisis Intervention Techniques
- Paraphrase their words
  - "I hear you say you are angry because no one has been in to see you"
- Verbalize their actions
  - "It appears you are angry because you are swearing at me, which is not appropriate." "How can we change this feeling of anger?"
- State what you can do
  - "Here is what I can do for you…."

LETS SEE THIS

https://youtu.be/vTYllU-Eu2g

STILL NOT GETTING ANYWHERE?

Your words may not have the desired effect simply because there are too many complicating factors affecting the subject.

GET HELP!

- When words do not work to prevent a crisis, it is time to act, which means now is the time to call Colleagues / Security / 911.

- Remember the acronym **DONE**. It identifies the four conditions in which you are *DONE* talking, and it is time to act.

Danger
Overriding concern
No progress
Escape

DONE – TIME TO GET HELP

- **Danger:** whenever you or someone else is imminent danger of being assaulted, or hurt, it is time to ack.

- **Overriding Concern:** Whenever you think that a matter of higher priority requires your immediate attention or your presence, it is time to act.

- **No Progress:** Whenever you feel you have exhausted all of your verbal options and the patient is still not complying, it is time to act.

- **Escape:** Arises out of need to remove self or others from an area due to signs of violence.

DEBRIEF WITH TEAM

- The team should address the following questions during a workplace violent situation debrief:

    - Was the communication clear?
    - Were the roles and responsibilities understood?
    - Was situation maintained?
    - Was workload distribution equitable?
    - Was task assistance requested or offered?
    - Were errors made or avoided?
    - Were resources available?
    - What went well?
    - What should improve?

(CDC, NIOSH, 2015)

DOCUMENTATION

- Peminic/Verge- REPORT, REPORT, REPORT
  - Report **ALL** disruptive behavior you experience at work, not just events that result in injury or harm, in Peminic/Verge reporting system.

COURSE SUMMARY

- **HSHS Colleagues Learned:**
  - **Workplace violence definition**
    - **Service user** is most common type of workplace violence
  - **Principles of Crisis Prevention**
  - **Keys to Communication– HEAL**
    - **Hear** the customer, **Empathize**, put yourself in their situation, **Acknowledge** how the event makes an individual feel, and **Lead** toward a resolution
  - **Crisis Intervention: Verbal and Non-Verbal Approaches**
    - **Verbal:** Hear: Please tell me what's bothering you? Empathize: "I understand how frustrating this must be for you." Acknowledge: "I'm sorry this happened. Let's find a way to fix it." Lead: "How can we correct this problem?"
    - **Non-Verbal:** Be calm or at least act calm. Maintain non-threatening eye contact, smile, and keep hands open and visible, Nod your head to demonstrate you are paying attention and listening, Respect personal space. Maintain arm/leg distance away from individual. Avoid touching the upset individual as it may be misinterpreted.
  - **Report Disruptive Behavior in Peminic/Verge**

OPTIONAL LEARNING

- CDC "Workplace Violence Prevention for Nurses"
  - Provides 2.6 contact hours for Continuing Nurse Education (CNE)
  - Must complete quiz to receive CNE contact hours

COMPLETE TEST & EVALUATION ON HEALTHSTREAM

Must score 80% or higher on test to pass the course